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DLN: 93493314022762

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

For	the 2	2011 calendar vear	or tax year beginning 07-01	-2011 and ending 06-30-201	12			
		C Name of org	anization	and ending 00-30-201		D Employer i	identification number	
_	ess cha	ONIVERSITY	OF SOUTHERN MS FOUNDATION			64-6022!	505	
_	e char	Doing Busine	ss As			E Telephone		
_	ıl retur					(601)266	5-5210	
_		118 COLLEGE	street (or P O box if mail is not E DRIVE 5210	delivered to street address) Room/s	uıte	G Gross receip	ots \$ 47,271,772	
_	ninated 							
_	nded r	HATTIESBUR	state or country, and ZIP + 4 G, MS 39406					
Appli	cation	pending						
			and address of principal of	ficer	H(a) Is thi	s a group reti	urn for	
			D PIERCE II LEGE DRIVE 5210		affilia	tes?	┌ Yes 🔽 No	
			BURG, MS 39406		H(b) Are all	affiliates incl	uded?	
					1 ' '		st (see instructions)	
Tax-	-exem	pt status 🔽 501(c)(3)	501(c) () ◀ (insert no)		p exemption		
We	bsite	: WWW USMFOUN	DATION COM		1			
Eorm	of ora	constant Corporation	Trust Association Othe	Nr. Mr.	Voor of for	mation 1959	M State of legal domicile MS	
Par	_	Summary	Trust Association Othe	: F	L fear or for	mation 1959	M State of legal doffliche MS	
Fe								
			ganization's mission or mo NSHIPS IN ORDER TO SE	st significant activities CURE PRIVATE FUNDS FOR T	THE BENEFIT	OFUSM		
ן צ	Ė							
aoveminance aoveminance	_							
.	-		<u> </u>					
[]		,		ied its operations or disposed		1	1	
		_		(Part VI, line 1a)		3		
roanimos a		·		overning body (Part VI, line 1b	-			
1	5 T	otal number of indivi	duals employed in calenda	r year 2011 (Part V, line 2a)		5	(
3	6 T	otal number of volun	teers (estimate if necessai	-y)		6	61	
۱ ۱	7a ⊤	otal unrelated busine	ss revenue from Part VIII	, column (C), line 12		7a	1 (
	ЬΛ	let unrelated busines	s taxable income from Fori	m 990-T, line 34		7t		
					Prio	r Year	Current Year	
_	8	Contributions and g	rants (Part VIII, line 1h)			4,878,567	20,560,148	
월	9	Program service rev	venue (Part VIII, line 2g)			0	0	
Revenue	10	Investment income	(Part VIII, column (A), lin	es 3, 4, and 7d)		2,448,975	1,276,998	
=	11	Other revenue (Par	VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)		298,318	392,566	
	12			equal Part VIII, column (A), lır	ne	7.635.060	22.220.712	
-				(0) (0)		7,625,860		
	13			ımn (A), lines 1-3)		5,375,098		
	14			nn (A), line 4)		0	0	
82	15	Salaries, other com 5-10)	pensation, employee benef	its (Part IX, column (A), lines		0	19,919	
Expenses	16a	,	ising fees (Part IX, column	(A), line 11e)		0		
<u>-</u>	b		ses (Part IX, column (D), line 25)					
	17			a-11d, 11f-24e)		2,755,704	2,352,230	
				Part IX, column (A), line 25)	•	8,130,802		
	18 19	·		line 12		-504,942		
-	19	Revenue less exper	Jubilact line 10 110111		Beginning	of Current		
Fund Balances						ear	End of Year	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20	Total assets (Part >	K, line 16)			90,866,124	98,276,680	
\ <u>\</u>	21	Total liabilities (Par	t X, line 26)			1,898,310	1,521,088	
ž2	22	Net assets or fund b	palances Subtract line 21	from line 20		88,967,814	96,755,592	
Part	ш	Signature Bloc	k		•			
Jnder	penalt edge a	Signature Bloc	k e that I have examined this r	eturn, including accompanying s ion of preparer (other than offic				
		*****				12-11-09		
Sign		Signature of officer			Da	te		
lere			EXECUTIVE DIRECTOR					
		Type or print name a	nd title					
		Preparer's		Date	Check If		payer identification number	
aid		signature BRIAN YA	CKER	self- (see instructions) employed F P00401346				
repar	rer's	Firm's name (or yours	YH ADVISORS INC		•			
Jse O		ıf self-employed),	<u> </u>	1225		EIN ▶ 45-3269313		
	-	address, and ZIP + 4	7755 CENTER AVENUE SUITE	1225		Phone no	(310) 982-2806	
			HUNTINGTON BEACH CA 926	47		Trione no	(210) 205-5000	

May the IRS discuss this return with the preparer shown above? (see instructions)

art IV	Checklist	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 90			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		JD		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
e-	Door the organization have annual gross require that are normally greater than \$100,000 and did the	6a		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	ьа		IN O
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
а	services provided to the payor?	/ a	165	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
			103	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
А	If "Yes," indicate the number of Forms 8282 filed during the year			
u	These, indicate the number of forms 5252 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
а	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Ï
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		124		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	year			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
ь	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vec " has it filed a Form 7.20 to report these nauments? If "Me " provide an evaluation in Schodule O	1.46		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Id	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_		
	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No.
h	taxable entity during the year?	100		INU
J	16b			
Se	organization's exempt status with respect to such arrangements?	100		
17	List the States with which a convertible Form 000 is required to be filed.			

- List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 STACE MERCIER 118 COLLEGE DRIVE 5210

HATTIESBURG, MS 39406 (601) 266-5210

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
See Additional Data Table	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				\vdash			_			

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

See Additional Data Table See Additional Data Table See Additional Data Table Description of Trustee (see a proper of the compensation from the organization from the organization from the organization and related organization and related organization greater than \$1.50,000 ? If "Fes," complete Schedule 1 for such individual for service reportable compensation and other compensation from the organization and related organizations greater than \$1.50,000 ? If "Fes," complete Schedule 1 for such individual for service reportable compensation and other compensation from the organization and related organizations greater than \$1.50,000 ? If "Fes," complete Schedule 1 for such individual for service and resolution of the compensation from the organization and related organizations greater than \$1.50,000 ? If "Fes," complete Schedule 1 for such individual for service and resolution of the organization and related organizations greater than \$1.50,000 ? If "Fes," complete Schedule 1 for such individual for service and resolution of the organization of the compensation from the compensation from the organization of the compensation from the organization of the compensation from the compensation fr	(A) Name and Title		(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount of compen- from organizat	ated f other sation the ion and
See Additional Data Table			for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			Misch			
c Total from continuation sheets to Part VII, Section A	See A	dditional Data Table													
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A													+		
c Total from continuation sheets to Part VII, Section A													+		
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A ▶ 0 267,197 36,143 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
c Total from continuation sheets to Part VII, Section A ▶ 0 267,197 36,143 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													_		
c Total from continuation sheets to Part VII, Section A ▶ 0 267,197 36,143 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													+		
c Total from continuation sheets to Part VII, Section A ▶ 0 267,197 36,143 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													+		
c Total from continuation sheets to Part VII, Section A ▶ 0 267,197 36,143 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													+		
c Total from continuation sheets to Part VII, Section A ▶ 0 267,197 36,143 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
d Total (add lines 1b and 1c)	1b	Sub-Total				•	•		F	ı					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									<u> </u>		0	267,1	.97		36,142
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	Total number of individuals (inc	luding but not lin	nited to	thos	e lıs) who	receive	ed more tha	n			
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								ee, c	r highes	t compens	ated employee	_		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on line organization and related organiz	1a, is the sum of	f report	able	com	pens	sation							100
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address BLACKBAUD INC PO BOX 930256 Compensation SOFTWARE SERVICES 132,303	5	Did any person listed on line 1a										or individual for •			No
\$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address BLACKBAUD INC PO BOX 930256 SOFTWARE SERVICES (B) (C) Compensation Compensation SOFTWARE SERVICES 132,303	Se	ction B. Independent Con	tractors												
Name and business address Description of services Compensation BLACKBAUD INC PO BOX 930256 SOFTWARE SERVICES 132,303	1	\$100,000 of compensation from	n the organizatio vear									ng with			
PO BOX 930256 SOFTWARE SERVICES 132,303	BI ACK			dress							Desci	(B) ription of services			
	PO BC	X 930256									SOFTWARE S	SERVICES			132,303
Total number of independent contractors (including but not limited to those listed above) who received more than	2	Fotal number of independent cont	ractors (includir	na hut r	not lir	nıte,	d to	those	liste	d above) who receiv	ved more than			

Form 99			(D					Page 9
Part	<u>/1111</u>	Statement o	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$ #	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership di	ıes 1b					
ું. ⊞	С	Fundraising ev	ents 1 c					
≢ੁ≅	d	Related organi	zations 1d					
žŒ.	e	Government grant	rs (contributions) 1e					
atío er :	f	All other contributi similar amounts no	ons, gifts, grants, and 1f ot included above	20,560,148				
들	g	Noncash contr	ibutions included in					
멸	[lines 1a-1f \$ _	s 1a-1f	.	20,560,148			
ပ္က	h	Total. Add lille	5 1d-11		20,300,110			
E E	2a			Business Code				
Program Service Revenue	b							
or GE	c							
rec	d	-						
જુ	e							
<u>ra</u>	f	All other progra	am service revenue					
Š	_							
	3		s 2a-2f					
			ar amounts)		1,588,779			1,588,779
	4		stment of tax-exempt bond	-				
	5	Royalties .		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	_	Cross amount	(i) Securities	(II) Other				
	7a	Gross amount from sales of	24,567,352	162,927				
		assets other than inventory						
	b	Less cost or other basis and	24,812,060	230,000				
	l c	sales expenses Gain or (loss)	-244,708	-67,073				
	d	Net gain or (los	ss)		-311,781			-311,781
	8a		from fundraising					
Other Revenue			luding s reported on line 1c) ne 18 a					
her	b	Less direct ex	penses b					
ŏ	С		(loss) from fundraising	events 🟲				
	9a		from gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inv	entory ►				
		Mıscellaneou		Business Code				
	11a	CSV LIFE INS	URANCE	900099	333,683			333,683
	b	MISCELLANE	OUSINCOME	900099	58,883			58,883
	С							
	d	All other reven						
	e	Total revenue			392,566			
	12	iocai revenue.	See Instructions .	· ·	22,229,712	0	0	1,669,564

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 8,787,224 8,787,224 Grants and other assistance to individuals in the United States See Part IV, line 22 4,450 4,450 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 19,919 19,919 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Fees for services (non-employees) 11 Management 14,750 14,750 Legal Accounting 54,000 54,000 Lobbying Professional fundraising See Part IV, line 17 . . 157,587 157,587 Investment management fees 342,595 342,595 242,241 45,831 g Other 172,880 23,530 Advertising and promotion . . . 265,339 101,111 109,410 54,818 12 Office expenses 43,398 37,286 13 100,498 19,814 132,597 14 Information technology 326 74,464 57,807 15 Royalties . . 16 2,326 213 2,113 191,496 145,727 13,970 17 31,799 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 237,905 140,502 48,240 49,163 19,006 19,006 20 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 108,822 108,822 23 166,302 166,302 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) CAPITAL OUTLAY 152,528 145,371 7,157 0 MEALS AND ENTERTAINMENT 113,279 74,259 15,151 23,869 **BAD DEBT** 113,158 113,158 PROF DEVELOPMENT 32,787 15,067 10,850 6,870 d е All other expenses 62,601 23,128 28,148 11,325 25 Total functional expenses. Add lines 1 through 24f 11,321,410 9,653,656 1,231,172 436,582 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 1.404.450 2 527,414 Savings and temporary cash investments 3 8,860,282 3 17,605,778 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 147,401 9 92,160 Prepaid expenses and deferred charges 805.433 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 295,747 845,508 b Less accumulated depreciation 10c 509,686 75,666,698 11 73,322,803 11 2,326,018 12 2,140,212 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,678,609 15 3,015,785 15 90,866,124 98,276,680 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 309,620 17 107,123 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 1,172,113 23 957,113 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 416,577 25 456,852 D 26 1,898,310 26 1,521,088 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,670,327 27 Unrestricted net assets 4,839,149 35,074,757 28 39,671,015 28 Temporarily restricted net assets Fund 29 49,222,730 29 52,245,428 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 88.967.814 33 96.755.592 90.866,124 34 Total liabilities and net assets/fund balances 98.276.680

14:1	Check if Schedule O contains a response to any question in this Part XI	•		. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,2	29,712
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,3	321,410
3	Revenue less expenses Subtract line 2 from line 1	3		10,9	08,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,967,81		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,1	20,524
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		96,7	55,592
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

UNIVERSITY OF SOUTHERN MS FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions)) No

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	-			, ,			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,062,60	9 10,647,023	11,419,850	4,878,567	20	,560,148	51,568,197
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	4,062,60	9 10,647,023	11,419,850	4,878,567	20	,560,148	51,568,197
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							7,802,594
6	(f) Public Support. Subtract line 5							43,765,603
S	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
_	beginning in)	4,062,609	10,647,023	11,419,850	4,878,567		,560,148	51,568,197
7 8	A mounts from line 4 Gross income from interest,	4,002,009	10,047,023	11,419,630	4,878,307	20,	,300,148	31,300,137
J	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,233,509	1,092,709	1,516,625	1,763,252	1,588,779		7,194,874
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	44,013	194,068	178,178	298,318		392,566	1,107,143
11	Total support (Add lines 7 through 10)							59,870,214
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	i) organı	zation, ▶┌
	ection C. Computation of Pu			d d = -1 (6)				
14	Public Support Percentage for 201			11 column (f))		14		73 100 %
15	Public Support Percentage for 201					15		65 850 %
16a	33 1/3% support test—2011. If the and stop here. The organization qu				line 14 is 33 1/3%	o or more	, check t	tnis box ► ▼
b	33 1/3% support test-2010. If the	e organization did	d not check the box	k on line 13 or 16	a, and line 15 is	33 1/3%	or more,	check this_
17a	box and stop here. The organization 10%-facts-and-circumstances test				ne 13 16a or 16	h and line	14	►
L/a	ıs 10% or more, and ıf the organiza	ation meets the "	facts and circumst	ances" test, che	ck this box and st	op here.	Explain	
	in Part IV how the organization me organization	ets the "facts an	d cırcumstances"	test The organiz	ation qualifies as	a publicly	y suppor	ted ▶□
b	10%-facts-and-circumstances test							- 1
	15 is 10% or more, and if the organization in Part IV how the organization							,
18	Explain in Part IV how the organiza supported organization Private Foundation If the organiza				-			/ ▶□
-	instructions			_, ,	,			▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Schedule A	(Form	990	or 990	-EZ)	2011
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Page **4**

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME CSV LIFE INSURANCE \$333,683 MISCELLANEOUS INCOME \$ 58,883

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314022762

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organızatı	on	
UNIVER	SITY OF	SOUTHERN	MS	FOUNDATION

Employer identification number

64-6022505

Part I-A	Complete if the organization	on is exempt under section 503	L(C)	or is a	section 52	organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete in	f the organiz	ation is exem	<u>pt under sectio</u>	n 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Yes

Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1200,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

medale e (i	om 550 of 550 EE/E011	1 age
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 57	68
	(election under section 501(h)).	

		(6	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		15,735
j	Total lines 1c through 1i			15,735
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Dar	+ TII-A. Complete if the organization is examply under section $501(c)(A)$ section	501/6	1/51 0	r section

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		SCHEDULE C, PART II-B, LINE 1I THE USM FOUNDATION DID NOT DIRECTLY ATTEMPT TO INFLUENCE NATIONAL, STATE OR LOCAL LEGISLATION, BUT DID PROVIDE FUNDING TO ONE UNIVERSITY PAID LEGISLATIVE ADVOCATE EXPENDITURES WERE MADE MOSTLY FOR MEALS AND TRAVEL THE UNIVERSITY ALSO HOSTS STATE LEGISLATORS ON CAMPUS TOTAL EXPENDITURES FOR LOBBYING ACTIVITIES FOR THE YEAR WERE \$15,735

DLN: 93493314022762

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

NIVERSIT	Y OF SOUTHERN MS FOUNDATION					
				-6022505		
art I	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		ilar Funds	or Acco	ounts. Con	nplete if th
		(a) Donor advised funds		(b) Funds	and other a	ccounts
Tota	l number at end of year					
Aggr	regate contributions to (during year)					
Aggr	regate grants from (during year)					
Aggr	regate value at end of year					
	the organization inform all donors and donor advi s are the organization's property, subject to the			vised	Г	res
used	the organization inform all grantees, donors, and d only for charitable purposes and not for the ben erring impermissible private benefit				e Γ	∕es □ No
rt II		ıf the organization answered "	'Yes" to Foi	rm 990. P	Part IV. line	7.
Г Г	pose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space uplete lines 2a-2d if the organization held a quali	on or pleasure)	on of a certifi	ied historic	structure	d area
ease	ement on the last day of the tax year					
				Held	at the End o	f the Year
	I number of conservation easements		2a			
Tota	il acreage restricted by conservation easements		2b			
Num	nber of conservation easements on a certified his		2c			
N u m N u m	nber of conservation easements included in (c) ac	equired after 8/17/06	2d			
Num Num Num		equired after 8/17/06	2d	the organi:	zation during	
Num Num Num the t	nber of conservation easements included in (c) ac ober of conservation easements modified, transfe	equired after 8/17/06 rred, released, extinguished, or te	2d rminated by	the organi:	zation during	
Num Num Num the t Num Does	nber of conservation easements included in (c) acomber of conservation easements modified, transfetaxable year -	equired after 8/17/06 rred, released, extinguished, or teleation easement is located the periodic monitoring, inspection	2d rminated by			_
Num Num the t Num Does	nber of conservation easements included in (c) and the of conservation easements modified, transfestaxable year nber of states where property subject to conservations are the organization have a written policy regarding	equired after 8/17/06 rred, released, extinguished, or terestion easement is located the periodic monitoring, inspection	2d rminated by on, handling	of violatior	ns, and	_
Num Num the t Num Does enfo	nber of conservation easements included in (c) and other of conservation easements modified, transfertaxable year nber of states where property subject to conservation have a written policy regarding rement of the conservation easements it holds?	rred, released, extinguished, or tension easement is located • the periodic monitoring, inspection eacting and enforcing conservation	2d rminated by on, handling	of violatior during the	ns, and	_
Num Num the t Num Does enfo	nber of conservation easements included in (c) and other of conservation easements modified, transfertaxable year nber of states where property subject to conservation of the conservation have a written policy regarding reement of the conservation easements it holds?	rred, released, extinguished, or tension easement is located • the periodic monitoring, inspection eacting and enforcing conservation	2d rminated by on, handling	of violatior during the	ns, and	_
Num Num the t Num Does enfo Staff A mo	nber of conservation easements included in (c) and other of conservation easements modified, transfertaxable year nber of states where property subject to conservation have a written policy regarding rement of the conservation easements it holds?	equired after 8/17/06 rred, released, extinguished, or telestion easement is located g the periodic monitoring, inspection pecting and enforcing conservation easement, and enforcing conservation easement.	2d rminated by on, handling n easements sements duri	of violatior during the	ns, and	∕es ∏ No
Num Num the t Num Does enfo Staff A mo \$\blue{170}\$ In P bala the c	nber of conservation easements included in (c) and other of conservation easements modified, transfer taxable year nber of states where property subject to conservation as the organization have a written policy regarding rement of the conservation easements it holds from the conservation easements it holds from the conservation easements in the countries of the conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)? art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of torganization's accounting for conservation easements.	rred, released, extinguished, or terestion easement is located gethe periodic monitoring, inspection easing, and enforcing conservation easement (d) above satisfy the requirements on the footnote to the organization's finents	2d rminated by on, handling n easements sements duri s of section nue and expe	of violation during the ng the yea ense state ements tha	year ►r r ment, and at describes	∕es ∏ No
Num Num the t Num Does enfo Staff A mo \$\blue{170}\$ In P bala the c	nber of conservation easements included in (c) and other of conservation easements modified, transfertaxable year nber of states where property subject to conservation of states where property subject to conservation of the conservation easements it holds from the conservation easements it holds from the conservation easements it holds from the conservation easement of the conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)? art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of torganization's accounting for conservation easements.	rred, released, extinguished, or terestion easement is located gethe periodic monitoring, inspection easement, and enforcing conservation easements in its reversible footnote to the organization's finents ns of Art, Historical Treasements in its reversible for the organization easements.	2d rminated by on, handling n easements sements duri s of section nue and expendention	of violation during the ng the yea ense state ements tha	year ►r r ment, and at describes	∕es ∏ No
Num Num the t Num Doe: enfo Staff A mo \$\blacktright* \$\frac{1}{2}\$ In P bala the c If th art,	nber of conservation easements included in (c) and other of conservation easements modified, transfer taxable year nber of states where property subject to conservation of states where property subject to conservation the organization have a written policy regarding rement of the conservation easements it holds from the conservation easements it holds from the conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)? art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of the torganization's accounting for conservation easement organizations Maintaining Collection.	rred, released, extinguished, or terestion easement is located gethe periodic monitoring, inspection easement and enforcing conservation easements in its reverse the footnote to the organization's finents ns of Art, Historical Treasing to Form 990, Part IV, line 116, not to report in its revenue sero public exhibition, education or	zd rminated by on, handling n easements sements duri s of section nue and expensionancial state ures, or O e 8. statement an research in	of violation during the ng the year ense state ements that the label of the label o	year \r r ment, and at describes nilar Asse	res
Num Num the t Num Does enfo Staff Amo \$\black* \$ \tag{170} In P bala the c rt IIII If th art, prov If th histo	nber of conservation easements included in (c) and other of conservation easements modified, transfer taxable year nber of states where property subject to conservation of states where property subject to conservation the organization have a written policy regarding rement of the conservation easements it holds of and volunteer hours devoted to monitoring, inspection of expenses incurred in monitoring, inspection and include, if applicable, the text of the organization reports conce sheet, and include, if applicable, the text of the organization's accounting for conservation easement organization's accounting for conservation easement complete if the organization answered to organization elected, as permitted under SFAS historical treasures, or other similar assets held	rred, released, extinguished, or telestion easement is located getion easement in its reverse geting and enforcing conservation easements getion easements in its reverse getion easements getio	zd rminated by on, handling n easements sements duri s of section nue and experimential state ures, or O e 8. statement an research in these items ement and ba	of violation during the ng the year state ements that the definition of the further and alance she	year - r ment, and at describes nilar Asse sheet works e of public se	res No
Num Num the t Num Does enfo Staff A mo \$\blacktrian{1}{2}\$ In P bala the c **IIII If th histo prov	nber of conservation easements included in (c) and other of conservation easements modified, transfer taxable year nber of states where property subject to conservation of states where property subject to conservation of the conservation easements it holds from the conservation easements it holds from the conservation easements it holds from the conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)? art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of the organization's accounting for conservation easement. Organizations Maintaining Collection Complete if the organization answered to eorganization elected, as permitted under SFAS historical treasures, or other similar assets held for period or the similar assets held for the similar assets	rred, released, extinguished, or telestion easement is located getion easement in its reverse geting and enforcing conservation easements getion easements in its reverse getion easements getio	zd rminated by on, handling n easements sements duri s of section nue and experimential state ures, or O e 8. statement an research in these items ement and ba	of violation during the ng the year state ements that the definition of the further and alance she	year - r ment, and at describes nilar Asse sheet works e of public se	fes No
Num Num the t Num Does enfo Staff A mo \$\bar{\text{*}} \$\$ Does 170 In P bala the c If th art, prov If th histo prov (i) R	nber of conservation easements included in (c) achieve of conservation easements modified, transfer taxable year nber of states where property subject to conservation of states where property subject to conservation the organization have a written policy regarding rement of the conservation easements it holds of and volunteer hours devoted to monitoring, inspecting the following and the following and the following are seen to the conservation easement reported on line 2 (h)(4)(B)(i) and 170(h)(4)(B)(ii)? art XIV, describe how the organization reports conce sheet, and include, if applicable, the text of the forganization's accounting for conservation easement. Organizations Maintaining Collection Complete if the organization answered to eorganization elected, as permitted under SFAS historical treasures, or other similar assets held for particular treasures.	rred, released, extinguished, or telestion easement is located getion easement in its reverse geting and enforcing conservation easements getion easements in its reverse getion easements getio	zd rminated by on, handling n easements sements duri s of section nue and experimential state ures, or O e 8. statement an research in these items ement and ba	of violation during the ng the year state ements that the definition of the further and alance she	year r ment, and at describes milar Asse sheet works of public services	res No

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part II.	<u>u Organizations Maintaining Co</u>	Hections of Art	<u>, nis</u>	tori	cai ire	easur	es, or o	mer	Sillillai ASS	els (cc	ntinuea)
	ing the organization's accession and othe ms (check all that apply)	r records, check any	y of th	ne fol	owing th	nat are	a significa	nt us	e of its collecti	on	
а Г	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams			
ь Г	Scholarly research		e	Γ	Other						
сГ	Preservation for future generations										
- •	ovide a description of the organization's co	ollections and expla	ın hov	v the	y further	the or	ganızatıon	's exe	empt purpose in		
	rt XIV						_				
	ring the year, did the organization solicit of sets to be sold to raise funds rather than t									Yes	□ No
Part I\		ements. Comple	ete ıf	the	organız	ation			es" to Form 99	90,	•
	the organization an agent, trustee, custod luded on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribut	ions o	r other ass	ets n		Yes	┌ No
b If"	Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing t	able		_				
							F	_	Amo	ount	
_	ginning balance							1c			
	ditions during the year						-	1d			
_	stributions during the year 						⊢	1e			
	ding balance							1f	_		
	the organization include an amount on Fo		e 21?						Г	Yes	┌ No
	Yes," explain the arrangement in Part XIV				1						
Part V	Endowment Funds. Complete	f the organization (a)Current Year		were Prior			orm 990 <u>,</u> o Years Back			(e)Four \	ears Back
1a Be	ginning of year balance	63,837,796	(,,		,149,641	(c) w	45,270,80		54,797,922	(C)i oui i	Cars back
'	ntributions	3,041,146		1	,413,935		1,232,89	8	2,316,551		
c Inv	vestment earnings or losses	-3,160,597		10	,663,578		3,704,95	9	-9,002,892		
	ants or scholarships	1,266,770			981,894		556,65	7	1,150,673		
	her expenditures for facilities	1,004,686		1	,500,117		502,36	5	1,690,102		
f Ad	ministrative expenses										
g End	d of year balance	61,446,889		58	,745,143		49,149,64	1	45,270,806		
2 Pro	ovide the estimated percentage of the yea	r end balance held a	as								
a Boa	ard designated or quasi-endowment 🕨	2 620 %									
b Pei	rmanent endowment 🕨 87 070 %										
c Tei	rm endowment ▶ 10 310 %										
3a A re	e there endowment funds not in the posses	ssion of the organiza	ation	thata	re held	and ac	dministered	fort	he		
	anization by								- c	Yes	No
	unrelated organizations			•				•	3a(i	_	No No
	related organizations								3a(ii	/ 	I
	scribe in Part XIV the intended uses of th					• •		•	<u> </u>		<u></u>
Part V						0.					
	Description of property		•		Cost or		(b) Cost or o		(c) Accumulated depreciation	(d) B	ook value
1a Land	1				2	47,500					247,500
b Build	dings										
c Leas	sehold improvements										
d Equi	pment						11	,956	5,96	1	5,992
e Othe	er						545	,977	289,78	3	256,194
	ld lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B)	, line	10(c).)				🕨	1	509,686

Investments—Other Securities. See	form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 10100	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, ling (a) Descrip	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,229,712
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,321,410
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,908,302
4	Net unrealized gains (losses) on investments	4	-3,135,460
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	14,936
9	Total adjustments (net) Add lines 4 - 8	9	-3,120,524
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,787,778
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	20,351,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-1,535,777
3	Subtract line 2e from line 1	3	21,887,117
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 342,595		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	342,595
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,229,712
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	
1	Total expenses and losses per audited financial statements	₁	12,563,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	1,697,905
3	Subtract line 2e from line 1	3	10,865,657
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 342,595		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	455,753
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,321,410
Par	t XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		INCREASE IN VALUE OF SPLIT INTEREST AGREEMENTS 14,936
		SCHEDULE D, PART XII, LINE 2D INCREASE IN SPLIT INTEREST AGREEMENTS - \$14,936 BAD DEBT - (\$113,158)
		SCHEDULE D, PART XIII, LINE 4B BAD DEBT - \$113,158
		SCHEDULE D, PART V THE DISCREPANCY BETWEEN THE PRIOR YEAR ENDING BALANCE AND THE CURRENT YEAR BEGINNING BALANCE IS A RESULT OF THE RESTATEMENT OF ONE ENDOWMENT FUND

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314022762

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

Internal Revenue Service **Employer identification number** Name of the organization UNIVERSITY OF SOUTHERN MS FOUNDATION 64-6022505 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (d) Activities conducted in (e) If activity listed in (d) is a (a) Region (c) Number of (f) Total offices in the employees or region (by type) (e g, program service, describe expenditures for agents in region or specific type of region/investments region fundraising, program ındependent services, investments, grants service(s) in region in region contractors to recipients located in the region) EUROPE 0 0 PROGRAM SERVICES FOREIGN TRAVEL 8,799 CANADA 0 O MANAGEMENT AND SUBSCRIPTIONS TO 5,940 GENERAL GRANTOR DATABASES 0 PROGRAM SERVICES 773 EUROPE 0 PAYMENT FOR TRANSLATION SERVICES

c Totals (add lines 3a and 3b)

15.512

0

0

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to p	provide the information	n (see instructions)) required in Part I	I, line 2, and any	/ addıtıonal
information.					

information.		istractions, required in rare 1, line 2, and any additional
Identifier	ReturnReference	Explanation
FOREIGN TRAVEL	SCHEDULE F, PART 1, LINE 3	THE TRAVEL EXPENDITURES WERE FOR THE UNIVERSITY PRESIDENT AND UNIVERSITY REPRESENTATIVES TO TRAVEL TO THE ABBEY PROGRAM AT PONTLEVOY IN FRANCE
SUBSCRIPTIONS TO GRANTOR DATABASES	SCHEDULE F, PART 1, LINE 3	DATABASE SERVICE TO SEARCH FOUNDATIONS THAT COULD POTENTIALLY PROVIDE FUNDING TO THE FOUNDATION AS WELL AS A DATABASE SERVICE THAT PROVIDES DONOR AND PROSPECT INFORMATION
PAYMENT FOR TRANSLATION SERVICES	SCHEDULE F, PART 1, LINE 3	TRANSLATED FRENCH CORREPSONDENCE RELATED TO DOCUMENTS FOR THE LIBRARY AT THE UNIVERSITY OF SOUTHERN MISSISSIPPI

DLN: 93493314022762

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Open to Public Inspection

Name of the organization UNIVERSITY OF SOUTHERN N	AS FOUNDATION					Employer ident	tification number
Part I Fundraising Ac	tivities. Complete	e if the c	rganızat	tion answered "Yes"	to Form		line 17.
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations E Solicitation of non-government grants Internet and e-mail solicitations F Solicitation of government grants In-person solicitations Jud the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundaments to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this to							I ✓ Yes 「 N o
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A m (or re fundrai	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
RUFFALO CODY 65 KIRKWOOD NORTH ROAD SW PO BOX 30 CEDAR RAPIDS, IA	PHONE SOLICITATION		No	181,824		142,000	39,824
	PHONE SOLICITATION		No	0		15,587	-15,587
SCHENECTADI, NI 12303							
			_				
Total	organization is regis	stered or l	ıcensed t	181,824 o solicit funds or has be	een notifi	157,587 ed it is exempt	24,237 from registration or

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

11	Does the organization operate g	aming activities with nonmembers	s?)
12	Is the organization a grantor, be	neficiary or trustee of a trust or a	member of a partnership or other entity	
	formed to administer charitable	gamıng?	· · · · · · · · · · · · · · · · · · ·	1
13	Indicate the percentage of gami	ng activity operated in	1 1	
а	The organization's facility		13a	
ь				_
14	Provide the name and address o	f the person who prepares the org	anization's gaming/special events books and	_
	records			
	_			
	Name 🟲			
	Address 🟲			
15a			m the organization receives gaming	
			· · · · · · · · · · · · · · · · · · ·	ı
b			anization 🟲 \$ and the	
_		ned by the third party 🟲 \$		
С	If "Yes," enter name and addres	5		
	Name 🟲			
	Numer -			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	> \$		
	Description of services provided	, 📂		
	_	_		
4-	Director/officer	Employee	Independent contractor	
17	Mandatory distributions		atubutung from the gaming proceeds to	
а	-		stributions from the gaming proceeds to	
b	retain the state gaming license?		· · · · · · · · · · · · · · · · · · ·	ı
U		t activities during the tax year 🟲		
Pa		<u>~</u>	n for responses to quuestion on Schedule G (see	—
	instructions.)			
	Identifier	ReturnReference	Explanation	
ТНЕ	STOCKADE CONSULTING	SCHEDULE G, PART I	PHONE SOLICITATION ACTIVITIES TOOK PLACE DURIN	<u>-</u>
	DUP, INC	Defilibole G, FART I	THE FISCAL YEAR ENDING JUNE 30, 2011, THUS THE	
			GROSS RECEIPTS ASSOCIATED WITH THESE ACTIVITIE: WERE REPORTED ON THE ORGANIZATION'S 2010 FORM	'
			990 AMOUNTS PAID DURING THE FISCAL YEAR ENDING	_
			JUNE 30, 2012 WERE THE FINAL PAYMENTS OWED TO TH FUNDRAISER	-

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493314022762

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

UNIVERSITY OF SOUTHERN M						64-6022505	
General Inform 1 Does the organization mail the selection criteria used	ntaın records to subs						⊬ Yes ⊢
2 Describe in Part IV the org	ganızatıon's procedu		e of grant funds in the U	Inited States			l "Yes" to
Form 990, Part I\	V, line 21 for any i	recipient that received 0) if additional space i	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DRIVE 5143 HATTIESBURG, MS 39406	64-6000818	501(C)(3)	8 ,6 30 ,9 2 3				USM PROGRAMS
(2) THE UNIVERSITY OF SOUTHERN MISSISSIPPI ATHLETIC FOUNDATION 118 COLLEGE DRIVE 5017 HATTIESBURG, MS 39406	64-0929171	501(C)(3)	153,059				USM ATHLETICS
2 Enter total number of sections 3 Enter total number of other		_					2

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE FOUNDATION MONITORS THE USE OF FUNDS BY REQUIRING DOCUMENTATION FROM AUTHORIZED SPENDING AUTHORITIES TO SUBSTANTIATE THAT ALL MONIES PAID FOR PROGRAM SUPPORT ARE USED FOR THE PURPOSES OUTLINED IN THE DOCUMENTS GOVERNING THE FUNDS FROM WHICH THE WITHDRAWAL IS BEING MADE THESE PURPOSES INCLUDE SCHOLARSHIPS, GENERAL SUPPORT FOR ACADEMIC DIVISIONS, RESEARCH, FACULTY AND STAFF COMPENSATION AND OTHER RESTRICTED SUPPORT FOR PROGRAMS AT THE UNIVERSITY OF SOUTHERN MISSISSIPPI

DLN: 93493314022762

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Name of the organization UNIVERSITY OF SOUTHERN MS FOUNDATION **Employer identification number**

64-6022505

Pa	rt I Questions Regarding Compensation					
		_			Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply					
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?					No
	If "Yes" to any of lines 4a-c, list the persons and pro-	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in I in Part III	Regs	section 53 4958-4(a)(3)? If "Yes," describe	_		
				8		No
9	If "Yes" to line 8, did the organization also follow the section $534958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	incentive compensation	reportable compensation	compensation		, ,, , (=)	Form 990 or Form 990-EZ	
(1) ROBERT D PIERCE II	(I) (II)	0 185,000	0	0 1,614	0 22,200	0 4,272	0 213,086	0 0	
						·			

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	3	THE UNIVERSITY OF SOUTHERN MISSISSIPPI, A RELATED ORGANIZATION, PROVIDES COMPENSATION FOR ALL WHO WORK FOR THE FOUNDATION, INCLUDING THE EXECUTIVE DIRECTOR THE PROCESS FOR DETERMINING COMPENSATION, REVIEW AND APPROVAL, AND SUBSTANTIATION OF THIS DELIBERATION AND DECISION IS ALL HANDLED BY THE UNIVERSITY COMPENSATION WAS REVIEWED IN JULY OF 2011 AND APPROVED BY THE MISSISSIPPI BOARD OF TRUSTEES OF STATE INSTITUTIONS OF HIGHER LEARNING AS DOCUMENTED IN THE MINUTES OF THAT BOARD MEETING

Schedule J (Form 990) 2011

DLN: 93493314022762

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

NonCash Contributions

Inspection

Name of the organization UNIVERSITY OF SOUTHERN MS FOUNDATION

Employer identification number 64-6022505 Part I Types of Property (a) (b) (c) (d) Method of determining Check Number of Contributions Contribution amounts or items contributed reported on contribution amounts ıf applicable Form 990, Part VIII, line 1g 31,845 QUALIFIED APPRAISAL 1 Art—Works of art . . . Χ 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household Cars and other vehicles Boats and planes 8 Intellectual property . . . 595,455 AVG STOCK PRICE 9 Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests **12** Securities—Miscellaneous . 13 Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . . 2,500 FMV 15 Real estate—Residential . Χ 1 16 Real estate—Commercial . 17 Real estate—Other . . . 1 7,020 QUALIFIED APPRAISAL 18 Collectibles Χ **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . Archeological artifacts . . OTHER Other ► (COLLECTIBLES) Х 1,250 FMV 5 Х 3,416 FMV Other►(<u>VARIOUS</u>) 27 Other ►(___ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Yes **b** If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	l '	THE FOUNDATION EMPLOYS REALTORS TO LIST AND SELL CONTRIBUTIONS OF REAL ESTATE

Schedule M (Form 990) 2011

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Name of the organization UNIVERSITY OF SOUTHERN MS FOUNDATION

Employer identification number

64-6022505

ldentifier	Return Reference	Explanation
FOUNDATION EMPLOYEES	FORM 990, PART 1, LINE 5 & 15	THE UNIVERSITY OF SOUTHERN MISSISSIPPI, A RELATED ORGANIZATION, PROVIDES COMPENSATION FOR ALL WHO WORK FOR THE FOUNDATION, INCLUDING THE STAFF AND STUDENT WAGES REIMBURSED BY THE FOUNDATION
	FORM 990, PART VI, SECTION A, LINE 2	JEFF C BOWMAN AND ROBERT T JACKSON, SR ARE LAW PARTNERS AND BOTH SERVE ON THE BOARD OF DIRECTORS GILBERT C VAN LOON AND ADAM J SPICER ARE BOTH ATTORNEYS AT THE SAME LAW FIRM AND SERVE ON THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE AND BOARD RECEIVED THE 2011 FORM 990 DRAFT FOR REVIEW PRIOR TO BEING FILED COMMENTS WERE ADDRESSED AND THE FORM WAS UPDATED AS NECESSARY A COMPLETE COPY OF THE 2011 FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, EACH MEMBER OF THE BOARD AND EACH MEMBER OF ALL COMMITTEES SIGN A WRITTEN STATEMENT CERTIFYING THAT THEY AGREE AND ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
	FORM 990, PART VI, SECTION B, LINE 15	THE UNIVERSITY OF SOUTHERN MISSISSIPPI, A RELATED ORGANIZATION, PROVIDES COMPENSATION FOR ALL WHO WORK FOR THE FOUNDATION, INCLUDING THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER THE PROCESS FOR DETERMINING COMPENSATION, REVIEW AND APPROVAL, AND SUBSTANTIATION OF THIS DELIBERATION AND DECISION IS ALL HANDLED BY THE UNIVERSITY COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS REVIEWED IN JULY OF 2011 AND APPROVED BY THE MISSISSIPPI BOARD OF TRUSTEES OF STATE INSTITUTIONS OF HIGHER LEARNING AS DOCUMENTED IN THE MINUTES OF THAT BOARD MEETING COMPENSATION FOR THE CHIEF FINANCIAL OFFICER WAS APPROVED BY THE UNIVERSITY OF SOUTHERN MISSISSIPPI IN MAY OF 2006
	FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY OF SOUTHERN MISSISSIPPI FOUNDATION'S BY LAWS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE FOUNDATION WEBSITE
OTHER EXPENSES	FORM 990, PART IX, LINE 24E	MISCELLANEOUS EXPENDITURES INCURRED \$12,251 DUES & SUBSCRIPTIONS EXPENSES INCURRED \$50,350
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -3,135,460 INCREASE IN VALUE OF SPLIT INTEREST AGREEMENTS 14,936 TOTAL TO FORM 990, PART XI, LINE 5 -3,120,524
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY OF OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANT THIS HAS NOT CHANGED FROM THE PRIOR YEAR

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

DLN: 93493314022762

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public
Inspection

Schedule R (Form 990) 2011

nternal Revenue Service								411	spectio	<u> </u>
Name of the organization UNIVERSITY OF SOUTHERN MS FOUNDATION	I					Employ	er ident	ification number		
						64-60	22505			
Part I Identification of I	Disregarded Entities (Comp	lete if the organization	on answered "Yes	" on Form 99	0, Part I۱	V, line 3	3.)			
(a) Name, address, and EIN of (disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-yea) ar assets		(f) Direct controlling entity		
(1) FOUNDATION AVIATION HOLDINGS LLC 118 COLLEGE DRIVE 5210 HATTIESBURG, MS 39406 26-3637085	OLLEGE DRIVE 5210 ESBURG, MS 39406		MS	53,979	1,125,837		USM FOL	UNDATION		
	Related Tax-Exempt Organi -exempt organizations during t		of the organization	(d)		orm 99 (e)	0, Part	IV, line 34 becau	se it had (Section 5	
Name, address, and EÌN of re	elated organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code se		n Public charity sta (if section 501(c)		Direct controlling entity	cont	rolled nization
(1) UNIVERSITY OF SOUTHERN MISSISSIPP	I								les	
118 COLLEGE DRIVE 5143		EDUCATION	MS	501(C)(3)			LINE 2	N/A		No
HATTIESBURG, MS 39406 64-6000818										

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
											i	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) BMC AND KC CRAT 202 SOUTH 40TH AVENUE HATTIESBURG, MS 39402 64-6207876	TRUST	MS	N/A	Т		78,281	57 230 %
(2) HLG AND JBG CRUT PO BOX 10885 BIRMINGHAM, AL 35202 64-6215863	TRUST	MS	N/A	Т		18,381	85 160 %
(3) JEG CRAT 1581 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474 20-7371805	TRUST	MS	N/A	Т		359,787	69 450 %
(4) LEH CRAT PO BOX 1231 HATTIESBURG, MS 39403 72-6180760	TRUST	MS	N/A	Т		157,788	87 880 %
(5) FBK CRUT PO BOX 14407 ST PETERSBURG, FL 33733 91-2163804	TRUST	MS	N/A	Т		406,906	100 000 %
(6) MI CRUT PO BOX 10885 BIRMINGHAM, AL 35202 64-6214146	TRUST	MS	N/A	Т		5,802	55 240 %
(7) BTW AND VRW CRUT 631 MAIN STREET HATTIESBURG, MS 39401 63-6222457	TRUST	MS	N/A	Т		3,831	90 090 %

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			[1a		No
b	Gift, grant, or capital contribution to related organization(s)			[:	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)			[:	1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)			[1e		No
f	Sale of assets to related organization(s)				1f		No
g	Purchase of assets from related organization(s)			[:	1g		No
h	Exchange of assets with related organization(s)			[:	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)				1i	Yes	
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			[:	1k		No
1	Performance of services or membership or fundraising solicitations by related organization(s)				11		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			[:	1m	Yes	
n	Sharing of paid employees with related organization(s)				1n	Yes	
0	Reimbursement paid to related organization(s) for expenses			<u> </u>	10	Yes	
р	Reimbursement paid by related organization(s) for expenses				1р		No
q	O ther transfer of cash or property to related organization(s)				1q	Yes	
r	Other transfer of cash or property from related organization(s)				1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	Method of deter	rmını	ng amo	ount
(1) U	NIVERSITY OF SOUTHERN MISSISSIPPI	В	8,787,224	CASH DISBURSED			
2) U	NIVERSITY OF SOUTHERN MISSISSIPPI	I	197,141	DIRECT FINANCING	G LEA	SE	
	NIVERSITY OF SOUTHERN MISSISSIPPI	М	123,597	CONTRIB UTILITIE	S & I	ACILIT	IES
	NIVERSITY OF SOUTHERN MISSISSIPPI	N	1,549,541	CASH DISBURSED			
5)							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		Share of end-of-year total income assets amount in 20 of Schedu (Form 10		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V—UBI amount in box 0 of Schedule K-1 (Form 1065)		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No											

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 64-6022505

Name: UNIVERSITY OF SOUTHERN MS FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
BMC AND KC CRAT 202 SOUTH 40TH AVENUE HATTIESBURG, MS 39402 64-6207876	TRUST	MS	N/A	Т		78,281	57 230 %
HLG AND JBG CRUT PO BOX 10885 BIRMINGHAM, AL 35202 64-6215863	TRUST	MS	N/A	Т		18,381	85 160 %
JEG CRAT 1581 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474 20-7371805	TRUST	MS	N/A	Т		359,787	69 450 %
LEH CRAT PO BOX 1231 HATTIESBURG, MS 39403 72-6180760	TRUST	MS	N/A	Т		157,788	87 880 %
FBK CRUT PO BOX 14407 ST PETERSBURG, FL 33733 91-2163804	TRUST	MS	N/A	Т		406,906	100 000 %
MI CRUT PO BOX 10885 BIRMINGHAM, AL 35202 64-6214146	TRUST	MS	N/A	Т		5,802	55 240 %
BTW AND VRW CRUT 631 MAIN STREET HATTIESBURG, MS 39401 63-6222457	TRUST	MS	N/A	Т		3,831	90 090 %

Software ID: Software Version:

EIN: 64-6022505

Name: UNIVERSITY OF SOUTHERN MS FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		(tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	1o.o.k	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
POWELL G OGLETREE JR PRESIDENT	1 00	Х						0	0	0			
FRED H DREWS III VICE PRESIDENT	1 00	Х						0	0	0			
WILLIAM REED ALLISON JR TREASURER AND FIN COMM CHAIR	1 00	Х						0	0	0			
WILFORD ALBERT PAYNE III MEMBER-AT-LARGE	1 00	Х						0	0	0			
REX E KELLY POLICY AND BYLAWS CHAIR	1 00	Х						0	0	0			
LOU ANN POYNTER INVESTMENT COMMITTEE CHAIR	1 00	Х						0	0	0			
RAYMOND E VAN NORMAN IMMEDIATE PAST PRESIDENT	1 00	Х						0	0	0			
MARVIN J BOBINGER III BOARD MEMBER	1 00	Х						0	0	0			
JEFF C BOWMAN BOARD MEMBER	1 00	Х						0	0	0			
JULIE J GRESHAM BOARD MEMBER	1 00	Х						0	0	0			
JULIE LENNON BOARD MEMBER	1 00	Х						0	0	0			
ADAM J SPICER BOARD MEMBER	1 00	Х						0	0	0			
GILBERT C VAN LOON BOARD MEMBER	1 00	Х						0	0	0			
MICHAEL V RATLIFF BOARD MEMBER	1 00	Х						0	0	0			
JAMES R BROWN BOARD MEMBER	1 00	Х						0	0	0			
MICHAEL G COLLINS BOARD MEMBER	1 00	Х						0	0	0			
TRACY A POWELL BOARD MEMBER	1 00	Х						0	0	0			
CHARLES M THOMAS SR BOARD MEMBER	1 00	Х						0	0	0			
THAD F WAITES BOARD MEMBER	1 00	Х						0	0	0			
RICHARD F CORTS BOARD MEMBER	1 00	Х						0	0	0			
THOMAS G ESTES JR BOARD MEMBER	1 00	Х						0	0	0			
HARRY MCARTHUR III BOARD MEMBER	1 00	Х						0	0	0			
SUSAN RILEY BOARD MEMBER	1 00	Х						0	0	0			
CHARLIE T SUTHERLAND JR BOARD MEMBER	1 00	Х						0	0	0			
CLAY THAMES BOARD MEMBER	1 00	х						0	0	0			

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

(A) Name and Title	(B) Average hours		(ition that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAWN H BEAM BOARD MEMBER	1 00	Х						0	0	0
HOPE P BROOME BOARD MEMBER	1 00	Х						0	0	0
DAVID M ESTORGE BOARD MEMBER	1 00	Х						0	0	0
ROBERT T JACKSON SR BOARD MEMBER	1 00	Х						0	0	0
DOUGLAS SHANE LOPER BOARD MEMBER	1 00	Х						0	0	0
ALAN D LUCAS BOARD MEMBER	1 00	Х						0	0	0
SEAN P MCGEE BOARD MEMBER	1 00	Х						0	0	0
LYNN B MCMAHAN BOARD MEMBER	1 00	Х						0	0	0
MICHAEL R MCMULLAN BOARD MEMBER	1 00	Х						0	0	0
KATHLEEN A SHAUGHNESSY BOARD MEMBER	1 00	Х						0	0	0
MARY ANN R STEWART BOARD MEMBER	1 00	Х						0	0	0
ROBERT D PIERCE II EXECUTIVE DIRECTOR/SECRETARY	40 00			х				0	186,614	26,472
JENNIFER BOUCHER CHIEF FINANCIAL OFFICER	40 00			х				0	80,583	9,670