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#### Form 990-PF

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

Department of the Treasury

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

For calendar year 2012 or tax year beginning OCT 1, 2012 SEP 30, 2013 and ending Name of foundation A Employer identification number VAN DEVENDER FAMILY FOUNDATION WILLIAM VAN DEVENDER, TRUSTEE 31-1480644 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number POST OFFICE BOX 5327 601-982-8728 City or town, state, and ZIP code C If exemption application is pending, check here JACKSON, MS 39296 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 3,275. (Part I, column (d) must be on cash basis.) Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 432,560 N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 13 13. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a RECEIVED 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Ñ IAN 2 ĕ b Less Cost of goods sold OGDEIN c Gross profit or (loss) 11 Other income 432.573 13. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 0. 0. 0. Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees 1.577. **b** Accounting fees STMT 2 789 788. STMT 3 c Other professional fees 5. 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 108. 54 54 24 Total operating and administrative 1,694 848 expenses Add lines 13 through 23 846. 25 Contributions, gifts, grants paid 429,508. 429,508. 26 Total expenses and disbursements 431,202 848 Add lines 24 and 25 430,354. 27 Subtract line 26 from line 12: 1,371 a Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

VAN DEVENDER FAMILY FOUNDATION WILLIAM VAN DEVENDER, TRUSTEE

For	m 99	0-PF (2012) WILLIAM VAN DEVENDER, T	RUSTEE	31-1	1480644	Page 2
Гр	art	Balance Sheets Attached schedules and amounts in the description rolling should be for end at wear amounts only	Beginning of year	End of		
<u>_</u>	aιι	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market \	/alue
	1	Cash - non-interest-bearing	708.	2,169.		_
	2	Savings and temporary cash investments	1,196.	1,106.		
	3	Accounts receivable >			<del></del>	
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶	]			
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and toans receivable				
		Less: allowance for doubtful accounts ▶	1		`	•
Ś	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges	" "			
As	10a	Investments - U.S. and state government obligations				
	1	Investments - corporate stock	-			<del></del>
	1	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
	' '	Less accumulated depreciation	1			
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis				
	'	Less accumulated depreciation	-			
	15	Other assets (describe >				
		Other dasters (describe P				
	16	Total assets (to be completed by all filers)	1,904.	3,275.	2	275.
_	17	Accounts payable and accrued expenses	1,304.	3,413.	3,	2/3.
	18	Grants payable				
	19	Deferred revenue				
Liabilities	1.1					
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons		-		
<u>E</u> .	21	Mortgages and other notes payable  Other liabilities (describe ►				
	22	Other liabilities (describe >				, `
	22	Total liabilities (add lines 17 through 22)		_		
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
S	0.4	and complete lines 24 through 26 and lines 30 and 31				
2	24	Unrestricted				
ala	25	Temporarily restricted				
В	26	Permanently restricted				
or Fund Balances		Foundations that do not follow SFAS 117, check here				
٩		and complete lines 27 through 31.				
ş	27	Capital stock, trust principal, or current funds	0.	0.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
t A	29	Retained earnings, accumulated income, endowment, or other funds	1,904.	3,275.		
ž	30	Total net assets or fund balances	1,904.	3,275.		
_	31	Total liabilities and net assets/fund balances	1,904.	3,275.		
F	art	III Analysis of Changes in Net Assets or Fund E	Balances			
_						
1		l net assets or fund balances at beginning of year - Part II, column (a), line	e 30			
		st agree with end-of-year figure reported on prior year's return)		1	1,	904.
		r amount from Part I, line 27a		2	1,	371.
		r increases not included in line 2 (itemize)		3		0.
		lines 1, 2, and 3	<del></del>	4	3,	275.
5	Deci	eases not included in line 2 (itemize)		5		0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6		275.
					Form <b>990-P</b>	F (2012)

					-	
orm 990-PF (2012)	WILLIAM	VAN	DEVENDER,	Г	'RI	JSTEE

		VAN DEVENDE					3	1-148	0644	Page 3
<u> </u>		sses for Tax on Ir		Income	<b>(b)</b> Ho	w acquired Purchase	(c) Date	acquired	( <b>d</b> ) Da	te sold
2-story brick wa	rehouse; d	or common stock, 200 sh	s. MLC Co.)		`P-F   D-I	Purchase Donation	(mo., c	lay, yr.)	(mo., d	ay, yr.)
1a										
b NO	NE									
C								<u>-</u>		
<u>d</u>										
е					<u> </u>					
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss) s (f) minus (		
a										
<u>b</u>										
С										
d										
е			Ļ.,							
Complete only for assets showir			1					Col. (h) gain		
(i) F.M.V. as of 12/31/69	(	i) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	not less thar (from col. (	h))	
a										
b			ļ <u>.</u>							
C										
d										
e		<del></del>	.l							
2 Capital gain net income or (net ca	ipital loss)	If gain, also ente If (loss), enter -0	r in Part I, line 7 )- in Part I, line	7 7	}	2				
3 Net short-term capital gain or (los	ss) as defir	ned in sections 1222(5) ai	nd (6):							
If gain, also enter in Part I, line 8,	column (c	).			<b>\</b>					
If (loss), enter -0- in Part I, line 8			. D I I	T N		3				
		ection 4940(e) for				stment in	come			
(For optional use by domestic private	e foundation	ons subject to the section	4940(a) tax on	net investment ir	ncome.)					
If section 4940(d)(2) applies, leave t	his part bla	ink.								
									<b></b>	[TT]
Was the foundation liable for the sec					riody				L Yes	X No
If "Yes," the foundation does not qua 1 Enter the appropriate amount in					antriac					
(a)	each colui		Instructions bei	ore making any e					(d)	
Base periód years		(b) Adjusted qualifying dis	stributions	Net value of no	(C) oncharit	ahle-use asset		Distrib	uitión ratio	(0))
Calendar year (or tax year beginni 2011	rig iii)		8,114.	7701 74100 07 110		3,80		(col. (b) div		
2010			873.	<del>-</del> .		1,23				75980 08604
2009		C	8,277.			15,31				17461
2008			17,197.			180,10				72524
2007			7,775.			$\frac{160,10}{461,25}$				77014
2001			1,,,,,,			<u> </u>	-	Ι''''	• 2	11014
2 Total of line 1, column (d)	E waar baa	a namad - dunda tha tatal	an line O his F				2		74.0	<u>51583</u>
3 Average distribution ratio for the the foundation has been in existe			on mie z by 5,	or by the number	i oi year	5	3		1 <i>1</i> Ω	10317
the realisation has been in existe	1100 11 1000	man o yours					<u> </u>	<u> </u>	14.0	10317
4 Enter the net value of noncharital	ble-use ass	sets for 2012 from Part X,	, line 5				4	<u> </u>	3	,029.
5 Multiply line 4 by line 3							5		44	,860.
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)					6			0.
7 Add lines 5 and 6							7		44	,860.
8 Enter qualifying distributions from	m Part XII,	line 4					8	<u></u>	430	,354.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ch	eck the box in Part VI, lini	e 1b, and comp	lete that part usi	ng a 1%	tax rate.				

orm 9 Part	990-PF (2012) WILLIAM VAN DEVENDER, TRUSTI				1480 see i			Page 4
1a E	Exempt operating foundations described in section 4940(d)(2), check here		<u> </u>					
D	Date of ruling or determination letter: (attach copy of letter	f necessary-see instructions)						
b D	Domestic foundations that meet the section 4940(e) requirements in Part V, check her	e ▶ 🗶 and enter 1%	<b>&gt;</b>	1				0.
0	of Part I, line 27b	•						
c A	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enti	er 4% of Part I, line 12, col. (b).						
2 Ta	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations or	ıly. Others enter -0-)		2				0.
3 A	Add lines 1 and 2			3				0.
4 S	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	nly. Others enter -0-)		4				0.
5 T	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
6 C	Credits/Payments:						•	*
a 2	2012 estimated tax payments and 2011 overpayment credited to 2012	6a						, ×
b E	Exempt foreign organizations - tax withheld at source	6b		,				1. 2
c T	Tax paid with application for extension of time to file (Form 8868)	6c						
d B	Backup withholding erroneously withheld	6d						
7 T	Total credits and payments. Add lines 6a through 6d			7				0.
8 E	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is	s attached		8				
9 T	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>&gt;</b>	9				0.
10 0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	id .		10				
11 E	Enter the amount of line 10 to be: Credited to 2013 estimated tax	Refund	ed ►	11				
Part	t VII-A Statements Regarding Activities							
1a D	During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or in	tervene	ın			Yes	No
a	any political campaign?					1a		_X_
<b>b</b> D	Did it spend more than \$100 during the year (either directly or indirectly) for political p	urposes (see instructions for defin	tion)?			1b		_X_
If	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activitie	es and copies of any materials p	ublishe	ed or				
d	distributed by the foundation in connection with the activities.							
c D	Did the foundation file Form 1120-POL for this year?					1c		_ X
dΕ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed durir	ng the year:						
(	(1) On the foundation. ▶ \$ O . (2) On foundation man	agers. <b>&gt;</b> \$	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political ex	penditure tax imposed on foundation	n					
	managers. ► \$0 .							
2 H	Has the foundation engaged in any activities that have not previously been reported to	the IRS?				2		_X_
H	If "Yes," attach a detailed description of the activities.							
	Has the foundation made any changes, not previously reported to the IRS, in its gover		ration, c	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cl					3		_X_
	Did the foundation have unrelated business gross income of \$1,000 or more during th	e year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the	year?				5		X
	If "Yes," attach the statement required by General Instruction T							
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf	fied either:						
	By language in the governing instrument, or							
•	<ul> <li>By state legislation that effectively amends the governing instrument so that no man</li> </ul>	datory directions that conflict with	the state	e law				
_	remain in the governing instrument?					6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?					7		X
	If "Yes," complete Part II, col (c), and Part XV							
	Enter the states to which the foundation reports or with which it is registered (see inst	ructions)						
_	MS							
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or designate	)					1
	of each state as required by General Instruction G? If "No," attach explanation				/A	8b		
	Is the foundation claiming status as a private operating foundation within the meaning		for cale	endar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Ye	· ·				9		X
10 D	Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedule listing their names and addressi	es			1 10		X

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► NA		1	
14	The books are in care of ► WILLIAM J. VAN DEVENDER Telephone no. ► 601-	982-8	728	
•		<u>39296</u> 39296		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>		$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	11	Yes	No
10	securities, or other financial account in a foreign country?	1 16	. 03	Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	16		<del>- , ,</del>
	country	` `		(1)
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1-	During the year did the foundation (either directly or indirectly):	*	100	
16	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X N	, l´ `	1	247 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	١		N.
	a disqualified person?		İ	٠.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
		·	,,	*
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
		U		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			٠,
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)  Yes X N	10		
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	.   :.		<b></b>
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
	Organizations relying on a current notice regarding disaster assistance check here	_		
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2012?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
•	a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012?	lo		
	If "Yes," list the years >			
ı	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	A <u>2b</u>	<u> </u>	<u> </u>
(	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	lo		
I	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	-		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	A 3b	<u>L</u> _	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
-	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1
	had not been removed from leopardy before the first day of the tax year beginning in 2012?	4h		x

. VAN DEVENDER FAMILY FOUN					
Form 990-PF (2012) WILLIAM VAN DEVENDER, TR			<u>31-14806</u>	<b>44</b> Pa	ige <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be P	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	1 1	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		└── Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				•
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations		\$ .	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned	į		
expenditure responsibility for the grant?	N	//A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					•
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	`	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			. –	7b	
Information Alexandration Disease Treat		nagers. Highly			
Part VIII Paid Employees, and Contractors	, · · · · · · · · · · · · · · · · · ·		•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	a Talle and a second	(-) Componentian	(d) Contributions to	4 3 5	
	(b) Title, and average	(c) Compensation	employee henefit plans	(e) Expei	nșe
(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Exper account, o allowand	nse other ces
	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, o allowand	nse other ces
WILLIAM J. VAN DEVENDER			employee benefit plans and deferred compensation	account, o allowand	nse other ces
WILLIAM J. VAN DEVENDER P. O. BOX 5327	to position TRUSTEE	(If not paid, enter -0-)	compensation	(e) Expei account, c allowand	ces
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296	to position TRUSTEE 0.00		employee benefit plans and deferred compensation	(e) Exper account, c allowand	ces
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER	to position TRUSTEE	(If not paid, enter -0-)	compensation	(e) Exper account, c allowand	ces
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327	TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	Compensation O .	account, c	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER	to position TRUSTEE 0.00	(If not paid, enter -0-)	compensation	(e) Expel account, c allowand	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327	TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	Compensation O .	(e) Expel account, c allowand	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327	TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	Compensation O .	(e) Expel account, c allowand	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327	TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	Compensation O .	(e) Expel account, c allowand	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327	TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	Compensation O .	account, c	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327	TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	Compensation O .	account, c	ces
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296	TRUSTEE  0.00 TRUSTEE  0.00	(If not paid, enter -0-)	Compensation O .	(e) Expel account, c allowand	O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those incompanies)	to position TRUSTEE  0.00 TRUSTEE  0.00	(If not paid, enter -0-)	O .	allowand	0.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Experaction	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00	(If not paid, enter -0-)  O .  O .	O .	allowand	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those incompanies)	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaction	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaccional account, contraction account, con	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaccional account, contraction account, con	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaccional account, contraction account, con	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaccional account, contraction account, con	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaccional account, contraction account, con	O. O.
WILLIAM J. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296 MOLLIE M. VAN DEVENDER P. O. BOX 5327 JACKSON, MS 39296  2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	to position TRUSTEE  0.00 TRUSTEE  0.00  cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)  O .  O .	(d) Contributions to employee benefit plans and deferred	(e) Experaccional account, contraction account, con	O. O.

Total number of other employees paid over \$50,000

orm 990	PF (2012) WILLIAM VAN DEVENDER, TRUSTEE		<u>-1480644</u>	Page 7
Part \	Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly		
3 Five	highest-paid independent contractors for professional services. If none, e	nter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Cor	npensation
	NONE			
	· <del></del>			
Total nu	mber of others receiving over \$50,000 for professional services		<b>&gt;</b>	0
	X-A Summary of Direct Charitable Activities		· · · · · · · · · · · · · · · · · · ·	
List the number	foundation's four largest direct charitable activities during the tax year. Include relevant s of organizations and other beneficiaries served, conferences convened, research papers	tatistical information such as the produced, etc.	Expense	es
1	N/A	, , , , , , , , , , , , , , , , , , , ,		
2			-	
3			_	
			-	
4				
			_	
Part I	X-B Summary of Program-Related Investments			
	e the two largest program-related investments made by the foundation during the tax yea	ar on lines 1 and 2.	Amoun	t
1	N/A			
	<del></del>		4	
2				
			]	
<b>A</b> 11 ··			<u> </u>	
All othe	r program-related investments. See instructions.			
·	<del></del> ·		+	

Total. Add lines 1 through 3

Form 990-PF (2012) WILLIAM VAN DEVENDER, TRUSTEE 31-1480644 Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 1,004. 1a Average of monthly cash balances 2,071. 1b Fair market value of all other assets 1c 3,075. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 0. 1e Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 075. 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 46. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 3,029. 5 Minimum investment return. Enter 5% of line 5 ĥ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 
and do not complete this part.) Minimum investment return from Part X, line 6 151. 1 1 Tax on investment income for 2012 from Part VI, line 5 2a Income tax for 2012. (This does not include the tax from Part VI.) Add lines 2a and 2b C 2с 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 430,354. 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3Ь Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 430,354. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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5

6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	0.190	. care prior to zerv	2011	
line 7				151.
2 Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only			0.	
b Total for prior years:	`			
g rotal for prior years.		0.	, ^ &	
3 Excess distributions carryover, if any, to 2012:			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
a From 2007 104, 520.				. ^ /
b From 2008 238, 264.				
c From 2009 97,637.				
dFrom 2010 811.	,			
e From 2011 247, 924.				,
f Total of lines 3a through e	689,156.		٤	, , , ,
4 Qualifying distributions for 2012 from	000/1000		, à	7×81 + 7
Part XII, line 4: ►\$ 430,354.			,*	i
a Applied to 2011, but not more than line 2a			0.	* `
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus			,	
(Election required - see instructions)	0.		·	
d Applied to 2012 distributable amount				151.
e Remaining amount distributed out of corpus	430,203.		,	
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))		*		* * * * * * * * * * * * * * * * * * * *
6 Enter the net total of each column as indicated below:	,			`
	1,119,359.			,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	1,119,339.			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	^	0.		
d Subtract line 6c from line 6b. Taxable		<u></u>		
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line			-	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	104,520.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	1,014,839.			
10 Analysis of line 9:				
a Excess from 2008 238, 264.				
b Excess from 2009 97,637.				
c Excess from 2010 811.				
d Excess from 2011 247,924.				
e Excess from 2012 430, 203.				
				Form 000 DE (0040)

Form 990-PF (2012) WILLIAM VAN DEVENDER, 31-1480644 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2012 (b) 2011 (c) 2010 (d) 2009 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) N/A Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LXJ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV

WILLIAM VAN DEVENDER, TRUSTEE

Supplementary Information (continued)

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3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid dunng the year ALABAMA WILDLIFE FEDERATION PUBLIC CHARITY MEMORIAL 3050 LANARK ROAD MILLBROOK, AL 36054 150. ALSAC/ST. JUDE CHILDREN'S RESEARCH PUBLIC CHARITY HEALTH AND PREVENTION HOSP. 217 HUEY P. LONG AVENUE GRETNA, LA 70053 10,000. ALZHEIMER'S ASSOCIATION PUBLIC CHARITY MEMORIAL 196 CHARMANT DRIVE SUITE 4 RIDGELAND, MS 39157 <u>50.</u> AS OUR OWN PUBLIC CHARITY MINISTRY C/O DR. BRENT THOMAS 1805 MISSION 66 ROAD VICKSBURG MS 39180 1,000. BETTER EDUCATION FOR MISSISSIPPI PUBLIC CHARITY SCHOOL 210 EAST CAPITOL STREET SUITE 1262 JACKSON MS 39201 3 500. SEE CONTINUATION SHEET(S) Total ➤ 3a 429 508. b Approved for future payment NONE Total

Unrelated business income

(e) Related or exempt

Excluded by section 512, 513, or 514

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

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Enter gross amounts unless otherwise indicated.

1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b		<del></del>	1		
<u> </u>			-		
d	1 1	· · · · · · · · · · · · · · · · · · ·			
e	<del>  </del>	· · · · · · · · · · · · · · · · · · ·			
<u> </u>		<del></del>			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			اما	4.5	
investments			14	13.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					, , , , , , , , , , , , , , , , , , ,
a Debt-financed property					· · · · · · · · · · · · · · · · · · ·
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	i l				
a					
b					
c					
					•
d					
e					
e		0.		13.	0.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		13.	0. 13.
e		0.		13.	0. 13.
e				13	0. 13.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t	to the Accor	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities t	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
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e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.
e	to the Accon	nplishment of Ex	æmp	t Purposes	13.

Part XVII	<del></del>			, TRUSTEE	Delekteret	31-1480			ge 13
Lait VAII	Exempt Organ		isters 10 a	and Transactions a	and Relationsi	nips with Nonchar	itable	9	
1 Did the or		<del></del>	of the followin	g with any other organization	on described in secti	on 501(c) of	Γ	Yes	No
				7, relating to political organ		011 00 1(0) 01			
	from the reporting founda			- · · · ·					
(1) Cash	• •		,	•			1a(1)		X
(2) Other	r assets						1a(2)		Х
<b>b</b> Other tran	nsactions;								
(1) Sales	s of assets to a noncharita	ble exempt organiza	ation				16(1)		X
(2) Purc	hases of assets from a no	ncharitable exempt	organization				1b(2)		Х
(3) Renta	al of facilities, equipment,	or other assets					1b(3)		Х
(4) Reim	bursement arrangements					7	1b(4)		X
(5) Loan	ns or loan guarantees						1b(5)		Х
<b>(6)</b> Perfo	ormance of services or me	mbership or fundra	using solicitatio	ns			1b(6)		X
-	of facilities, equipment, ma	- '					1c		X
d If the ans	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	ways show the fair m	narket value of the goods, o	ther ass	sets,	
				ed less than fair market valu	ue in any transaction	or sharing arrangement, sh	low in		
	d) the value of the goods,				<del></del>	<del></del>			
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	of transfers, transactions, and s	haring an	rangeme	nts
<del></del>			N/A						
-					<del></del>				
-									
	<del></del>								
				<del></del> -		<del></del>			
		-							
					-				
				<del></del>		<del></del>	_		
		•						·	
								-	
2a Is the fou	indation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	zations described				
in section	n 501(c) of the Code (other	r than section 501(	c)(3)) or in sect	tion 527?			Yes	X	] No
<u>b</u> If "Yes," c	complete the following sch			Y	,				
	(a) Name of org	janization		(b) Type of organization	(	(c) Description of relationsh	ıp		
	N/A								
						<u> </u>			
			<del></del> -		ļ <del>.</del>				
Unde	r penalties of periury. I declare	that I have examined ti	his return, includir	g accompanying schedules and	l statements and to the	hest of my knowledge			
Sign Here	pelief, it is true, coffect, and cor	nplete peclaration of	eparer (other tha	n taxpayer) is based on all inform	TRUSTE	has any knowledge May retuing short	the IRS on with the win below	e prepar (see ins	er
	nature of officer of trustee		Dronorasia -	Date	Title	Chack to the			
	Print/Type preparer's na		Preparer's s	7	Date	Check if PTIN			
Paid	LISA W. BR	COWNING,	rusku		❤	self- employed			
Preparer	CPA	NIMITAN DO	LISA W	·	101/14/14		019		
Use Only	Firm's name FGRA	LVITAM PO	OPR R.L.	аь, Рыьс		Firm's EIN ► 64-09	1033	90	
		62 HTCUT	AND COT	ONY PRKWY ST	E 201	<del></del>		<del>-</del>	
		DGELAND,			.E. ZUI	Dhone so 601	۱۵۵	240	^
	1 7	TATE TO TAKE TO A TAKE TO	_ <u>110 071</u>			Phone no. 601 – 4	・フフー	<u> 4 4 U</u>	U

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Part XV Supplementary Information  3 Grants and Contributions Paid During the Y		<del></del>		<del></del>
Recipient	If recipient is an individual,	1		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Nume and address (nome or business)	or substantial contributor	recipient		
BOY SCOUTS OF AMERICA		PUBLIC CHARTTY	HOUSING OR COMMUNITY	
ANDREW JACKSON COUNCIL 855 RIVERSIDE		TOBBIC CHARTIT	INCODING ON COMMONITI	1 000
DRIVE JACKSON, MS 39202-1138				1,000
BOYS & GIRLS CLUBS OF CENTRAL MS		PUBLIC CHARITY	HOUSING OR COMMUNITY	
P.O. BOX 3194				
JACKSON, MS 39207				5,000
BOYS HOPE, GIRLS HOPE		PUBLIC CHARITY	HOUSING OR COMMUNITY	
P.O. BOX 19307				
NEW ORLEANS, LA 70179				5,780
DIVIN GOD MINITAMPLIEG		DUDI TO CUARTON	MINICADA	
BUT GODMINISTRIES 1440 N. STATE STREET		PUBLIC CHARITY	MINISTRY	
JACKSON MS 39202				70,950
CAMPUS CRUSADE FOR CHRIST		PUBLIC CHARITY	MINISTRY	
100 LAKE HEART DRIVE DEPT 2400				
ORLANDO, FL 32832				500
CARY CHRISTIAN CENTER		PUBLIC CHARITY	MINICADA	
P.O. BOX 57		FOBBIC CHARITI	EINISIRI	
CARY, MS 39054				5,000
CITY CHURCH P.O. BOX 8261		PUBLIC CHARITY	CHURCH	
JACKSON, MS 39284				24,500
COMMUNITY FOUNDATION 525 EAST CAPITOL STREET SUITE 5B		PUBLIC CHARITY	HOUSING OR COMMUNITY	
JACKSON, MS 39201				2,000
CYPRESS POINT EMPLOYEE ANNUAL FUND		PUBLIC CHARITY	HOUSING OR COMMUNITY	
P.O. BOX 466				<b>.</b>
PEBBLE BEACH, CA 93953				800
CYSTIC FIBROSIS FOUNDATION		PUBLIC CHARTTY	HEALTH AND PREVENTION	
% BEVERLY SHELTON 1250 SHADOW WOOD				
DRIVE BRANDON MS 39047		1		200
Total from continuation sheets	<u></u>			414,808

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient FCA PUBLIC CHARITY MINISTRY P.O. BOX 449 RIDGELAND, MS 39158-0449 5 000 FIRST BAPTIST CHURCH OF JACKSON PUBLIC CHARITY MEMORIAL P. O. BOX 250 JACKSON, MS 39205 11,000. FIRST BAPTIST CHURCH OF MAGEE PUBLIC CHARITY MEMORIAL P.O. BOX 266 MAGEE MS 39111 100, FIRST PRESBYTERIAN CHUR. PUBLIC CHARITY MEMORIAL 1390 N STATE STREET JACKSON, MS 39202 5,000. FIRST PRESBYTERIAN CHURCH PUBLIC CHARITY MEMORIAL 900 WEST SECOND STREET CLARKSDALE MS 38614 200. FRENCH CAMP ACADEMY PUBLIC CHARITY SCHOOL ONE FINE PLACE FRENCH CAMP, MS 39745 1,000. GEORGE W. BUSH FOUNDATION PUBLIC CHARITY CULTURAL 2943 SMU BOULEVARD DALLAS TX 75205 1,250, GIRL SCOUTS OF GREATER MS PUBLIC CHARITY CULTURAL 1471 WEST COUNTY LINE ROAD JACKSON, MS 39213 250, GLOBAL SERVICE ASSOCIATES PUBLIC CHARITY MINISTRY RICH AND BRENDA LOTTERHOS 2944 BASIL PLACE SUPERIOR, CO 80027 1,200. HERE'S LIFE MISSION TO AFRICA PUBLIC CHARITY MINISTRY PO BOX 6177 JACKSON, MS 39288 5,000. Total from continuation sheets

VAN DEVENDER FAMILY FOUNDATION
WILLIAM VAN DEVENDER, TRUSTEE
Part XV Supplementary Information

31-1480644

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the		-		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	001111001011	<del></del>
INTERNATIONAL MISSION BOARD		PUBLIC CHARITY	MINISTRY	
3806 MONUMENT AVENUE RICHMOND, VA 23230				10.000
RICHMOND, VA 23230				10,000,
JACKSON PREP FOUNDATION		DUDI TO CUADIMY	navoor	
POST OFFICE BOX 4940		PUBLIC CHARITY	SCHOOL	
JACKSON, MS 39296-4940				121,500.
JEFFERSON SCHOLARS FOUNDATION		PUBLIC CHARITY	SCHOOL	
P.O. BOX 400891 CHARLOTTESVILLE VA 22904-4891				25 000
CHARDOTTHON, VA 22,04 40,01				25,000.
K,I,M.	İ	DUDI TO CUI DIMU	WT GGOVY DV. T GGYT	
P.O. BOX 1369		PUBLIC CHARITY	MISSONARY LOCAL	
LAWRENCE, KS 66044	-			2,250,
KAPPA DELTA SORORITY		PUBLIC CHARITY	school	
MILLSAPS COLLEGE BOX 151103  JACKSON MS 39210				300.
				300.
LEFLEUR EAST FOUNDATION		DIELTC CUADITY	HOUSING OR COMMUNITY	
P.O. BOX 12290		TODDIC CHARTIT	HOOSING ON COMMONITY	
JACKSON, MS 39236-2290				5,000.
LOWER DELTA PARTNERSHIP		PUBLIC CHARITY	CULTURAL	
P.O. BOX 214 ROLLING FORK, MS 39159				2,500,
MADISON UNITED METHODIST CHURCH		PUBLIC CHARITY	MEMORIAL	
100 POST OAK ROAD				
MADISON, MS 39110				400.
MISSION AMERICA COALITION P.O. BOX 13930		PUBLIC CHARITY	MINISTRY	
PALM DESERT, CA 92255				900.
MISSION FIRST, INC.		PUBLIC CHARITY	MINISTRY	
P.O. BOX 250				_
JACKSON MS 39205  Total from continuation sheets	L		<u> </u>	1,000.

VAN DEVENDER FAMILY FOUNDATION
WILLIAM VAN DEVENDER, TRUSTEE

31-1480644

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
MISSION MISSISSIPPI		PUBLIC CHARITY	CULTURAL	
P. O. BOX 22655 JACKSON MS 39225-2655				1,500
MISSISSIPPI SPORTS HALL OF FAME		PUBLIC CHARITY	CIII.TIIRAI.	
1152 LAKELAND DRIVE JACKSON MS 39216		CODDIC CHARTII	CONTORAL	6,000
				0,000
NATIONAL FOOTBALL FOUNDATION 433 E. LAS COLINAS BLVD. SUITE 1130		PUBLIC CHARITY	CULTURAL	
IRVING, TX 75039-5508				40
NATIONAL MS SOCIETY ALABAMA MISSISSIPPI CHAPTER 145 EXECUTIVE DRIVE, SUITE 1 MADISON, MS		PUBLIC CHARITY	HEALTH AND PREVENTION	
39110				1,000
PALMER HOME FOR CHILDREN ATTN: KATIE PALMER P. O. BOX 746		PUBLIC CHARITY	HOUSING OR COMMUNITY	
COLUMBUS, MS 39703				1,000
RELMA, INC. 483 GREAT HOUSE ROAD		PUBLIC CHARITY	CULTURAL	
STRATFORD, VA 22558				9,155
ROGERS PARK COMMUNITY CHURCH 7212 NORTH CLARK STREET		PUBLIC CHARITY	HOUSING OR COMMUNITY	
CHICAGO, IL 60626				5,000
SALEM BAPTIST CHURCH THOMASVILLE		PUBLIC CHARITY	CHURCH	
10795 GA HIGHWAY 122 THOMASVILLE, GA 31757				4,500
SHEPPARD CENTER FOUNDATION		DIIDI TO OUADITOU	HOUSING OR COMMUNITY	
2020 PEACHTREE ROAD, NW ATLANTA, GA 30309		POBLIC CHARITI	HOUSING OR COMMONITY	3,333
ST. PETER'S EPISCOPAL CHURCH 113 SOUTH 9TH STREET		PUBLIC CHARITY	MEMORIAL	
OXFORD, MS 38655  Total from continuation sheets				200

	VAN DEVENDER,	TRUSTEE	31-14	80644
Part XV Supplementary Information			<del></del>	<u>.</u>
3 Grants and Contributions Paid During the Yo			<u> </u>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
STEWPOT COMMUNITY SERVICES P.O. BOX 3610 JACKSON MS 39207-3610		PUBLIC CHARITY	HOUSING OR COMMUNITY	1,000
				1,000
TEXAS A&M FOUNDATION COLLEGE OF VETERINARY MEDICINE DEV. 4461 TAMU COLLEGE STATION, TX 77843-4461		PUBLIC CHARITY	MEMORIAL	100
THE CLARITY FOUNDATION P.O. BOX 13509 JACKSON, MS 39236		PUBLIC CHARITY	HEALTH AND PREVENTION	500
UACKSON, MS 39230		-		500
THE MASTER TOURNAMENT FOUNDATION 2604 WASHINGTON ROAD		PUBLIC CHARITY	CULTURAL	
AUGUSTA, GA 30904				25,000
THOMAS JEFFERSON FOUNDATION, INC. P.O. BOX 316 CHARLOTTESVILLE, VA 22902		PUBLIC CHARITY	CULTURAL	5,900
UMC CANDLELIGHTERS C/O SANDRA MARIS 257 BRAE BURN DRIVE JACKSON, MS 39211		PUBLIC CHARITY	HEALTH AND PREVENTION	350
UMMC - PAUL H. PARKER CHAIR OFFICE OF DEVELOPMENT TRAVIS L. BRADBURN JACKSON MS 39216		PUBLIC CHARITY	HEALTH AND PREVENTION	10,000
UNITED BAPTIST CHURCH 2930 HWY 468 PEARL, MS 39208		PUBLIC CHARITY	CHURCH	250
UNIVERSITY OF SOUTHERN MISS		PUBLIC CHARITY	SCHOOL	
FOUNDATION 118 COLLEGE DRIVE # 10026 HATTIESBURG, MS 39406				5,000
USSGA MEMORIAL FUND 49 KNOLLWOOD ROAD		PUBLIC CHARITY	MEMORIAL	
ELMSFORD, NY 10523  Total from continuation sheets		_l_	1	200

VAN DEVENDER FAMILY FOUNDATION WILLIAM VAN DEVENDER, TRUSTEE

31-1480644

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient VETERANS OF FOREIGN WARS PUBLIC CHARITY MEMORIAL DEPT. OF MISSISSIPPI ATTN: CDR DAVID MASON JACKSON MS 39225 200. VINEYARD GOLF CLUB FOUNDATION PUBLIC CHARITY HOUSING OR COMMUNITY P. O. BOX 9 EDGARTOWN MA 02539 500. WILLIAMSON FOUNDATION PUBLIC CHARITY MINISTRY C/O HONEY LAKE PLANTATION 1290 NW HONEY LAKE ROAD GREENVILLE, FL 32331 1,000. YOUNG BUSINESS LEADERS PUBLIC CHARITY CULTURAL 618 BRIARWOOD DRIVE, SUITE A JACKSON MS 39211 1,000, YOUNG LIFE PUBLIC CHARITY HOUSING OR COMMUNITY 5301 OLD CANTON ROAD JACKSON MS 39211 7,500. YOUNG LIFE URBAN MS 18 PUBLIC CHARITY MINISTRY C/O JACKSON URBAN YOUNG LIFE ATTN: TOM JOHNSON MADISON MS 39110 10,000. Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	VESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME			_	13.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	13.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION				CHARITABLE
ACCOUNTING	1,577.	789.		788.
TO FORM 990-PF, PG 1, LN 16B =	1,577.	789.		788.
FORM 990-PF O	THER PROFES	SIONAL FEES		STATEMENT 3
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
MANAGEMENT FEES	9.	5.		4.
TO FORM 990-PF, PG 1, LN 16C	9.	5.		4.
FORM 990-PF	OTHER EXPENSES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS			
BANK CHARGES	108.	54.		54.
TO FORM 990-PF, PG 1, LN 23	108.	54.		54.