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Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 202
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

For	caler	dar year 2014 or tax year b	eginning		, and ending		
Na	me of	foundation				A Employer identification	number
N	IIS	SISSIPPI SPOR	RTS MEDICIN	E FOUNDATION		64-0869099	
Nu	mber a	nd street (or P O box number if m	nail is not delivered to street	address)	Room/suite	B Telephone number	
_1	.32	5 EAST FORTIF	FICATION			601-354-44	88
		own, state or province, count		ostal code		C If exemption application is p	ending, check here
			nitial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check bere
•	011001		ınal return	Amended return	and public charty	1. Torongh organizations	, oncor note
		=	ddress change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
Н	Check			cempt private foundation		E If private foundation sta	
	_	ction 4947(a)(1) nonexempt		Other taxable private founda	ition	under section 507(b)(1)	
I F	air ma	arket value of all assets at end	d of year J Accounti	ng method [.] Cash	X Accrual	F If the foundation is in a	
(f	rom l	Part II, col (c), line 16)		her (specify)		under section 507(b)(1)	
	\$			mn (d) must be on cash l	basis)		Y******
<u>P</u>	art I	Analysis of Revenue and I (The total of amounts in column necessarily equal the amounts in	is (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants,	etc., received				
خ	2	Check X If the foundation is					
	3	Interest on savings and temporar cash investments	ry				
	4	Dividends and interest from	securities	73,925.	73,925.	,	STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)		62.054			
e	6a	Net gain or (loss) from sale of ass Gross sales price for all		63,954.			
Revenue	^D	assets on line 6a	140,328.		63,954.	12 8 9 11	- No. 1
Be	8	Capital gain net income (from Par Net short-term capital gain	rt IV, tine 2)		03,334		10
	9	Income modifications				i i ii	3
	10a	Gross sales less returns and allowances				305	© @ 2013 (3)
		Less Cost of goods sold				,	F F WILLES 1) ;
		Gross profit or (loss)				OGL	PEN, LI
	11	Other income					
	12	Total. Add lines 1 through	11	137,879.	137,879.	0.	
	13	Compensation of officers, director	ors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and	•				
Ų.	15	Pension plans, employee be	enefits				
nse	16a	Legal fees	amiem o	C 110	2 055		2 055
Expense	. •	Accounting fees	STMT 2	6,110.	3,055.	0.	3,055.
E E	17	Other professional fees Interest					
ativ	17 18 19 20 21 22	Taxes	STMT 3	2,074.	661.	0.	50.
	19	Depreciation and depletion	DIMI 3	2,011.	001	•	50.
KW LU minist	20	Occupancy					
od Ag	21	Travel, conferences, and me	eetings				
2 E	22	Printing and publications	·				
₽ <u>6</u>	23	Other expenses					
্ এডা Operating a	24	Total operating and admini	istrative				
~. jo		expenses Add lines 13 thro	•	8,184.	3,716.	0.	3,105.
0	25	Contributions, gifts, grants p	<u>-</u> '	201,667.			201,667.
`	26	Total expenses and disburs	sements			_	
	<u> </u>	Add lines 24 and 25		209,851.	3,716.	0.	204,772.
11.76	1	Subtract line 26 from line 12		.71 070			
/		Excess of revenue over expenses		<71,972.	> 134,163.		
	1	Net investment income (if no Adjusted net income (if negatives)		-	134,103	0.	
		WATER HEL HICKHIE III DEUS	11176, EIKET *U*)			111.	i

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

Par	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
\Box	Cash - non-interest-bearing	148,045.	87,229.	87,229.
- 1	Savings and temporary cash investments			
- 1	Accounts receivable ►			
	Less; allowance for doubtful accounts			
	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
١,	Grants receivable			
	Receivables due from officers, directors, trustees, and other	-		
'	disqualified persons			
١,				
'	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
ਨ ।	Inventories for sale or use			
Ass	Prepaid expenses and deferred charges			·
10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other STMT 5	1,498,163.	1,437,182.	1,437,182.
14	Land, buildings, and equipment: basis			
	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	1,646,208.	1,524,411.	1,524,411.
17	Accounts payable and accrued expenses			
18	Grants payable			
ء ا				
≝ 20	ì		-	
Liabilities 20				
رور ا	Other liabilities (describe STATEMENT 6)	7,959.	6,334.	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
23	Total liabilities (add lines 17 through 22)	7,959.	6,334.	
7	Foundations that follow SFAS 117, check here		0,554.	
	and complete lines 24 through 26 and lines 30 and 31			
s 24		1,634,249.	1 514 077	
ğ 24	<u> </u>		1,514,077.	
<u>a</u> 25	· · · · · · · · · · · · · · · · · · ·	4,000.	4,000.	
26 20	h			
.들ㅣ	Foundations that do not follow SFAS 117, check here			
<u>.</u>	and complete lines 27 through 31			
ş 27				
Net Assets or Fund Balance 25 26 26 29 30 30 30 30 30 30 30 30 30 30 30 30 30	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ž 29	· · · · · · · · · · · · · · · · · · ·	1 100 0 10		
≥ 30	Total net assets or fund balances	1,638,249.	1,518,077.	
31	Total liabilities and net assets/fund balances	1,646,208.	1,524,411.	
Par	Analysis of Changes in Net Assets or Fund Ba	alances		
			· · · · · · · · · · · · · · · · · · ·	
	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ust agree with end-of-year figure reported on prior year's return)		1	1,638,249.
	er amount from Part I, line 27a		2	<u> <71,972.</u>
	er increases not included in line 2 (itemize)		3	0.
	l lines 1, 2, and 3		4	1,566,277.
	reases not included in line 2 (itemize)	SEE STA	TEMENT 4 5	48,200.
6 Tot	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,518,077.
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MISSISSIPPI SPORTS MEDICINE FOUNDATION

64-0869099

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_	orm 990-PF (2014) MISSI Part IV Capital Gains and	SSIPPI SPORTS I	MEDICI:	NE FOUND)AT	TION 64-0869099				Page 3	
Ŀ	(a) List and describe	the kind(s) of property sold (e.g., ouse; or common stock, 200 shs.	, real estate,	·	(b)	How ac - Purc - Dona	nase i	(c) Date : (mo., d	acquired ay, yr.)	(d) Da (mo., d	
12	AMERICAN FUNDS	·	 ·					VARI	OUS	05/1	3/14
1											<u> </u>
_											
_(1										
_6	9				<u> </u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
_{3}	140,328.			76,37	4.				· · · · · · · · · · · · · · · ·	63	,954.
_t)										
_(B										
_	1										
_6	· · · · · · · · · · · · · · · · · · ·			10.10.1.10.0							
_	Complete only for assets showing g	T					(I)	Gains (C	ol. (h) gain not less thai	minus	
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			COI.	Losses	(from col. (h)) 	
_ 8	1									63	,954.
_t)										
_	9										
_(1										
_											
2	Capital gain net income or (net capita	I loss) { If gain, also enter If (loss), enter -0-	ın Part I, lıne ın Part I, lıne	7 7	}	2			-·· -··	63	<u>,954.</u>
3	Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, colu		d (6).		Ì						
_	If (loss), enter -0- in Part I, line 8				<u></u>	3			N/A		
L	Part V Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inc	ome	_		
(F	or optional use by domestic private fou	indations subject to the section 49	940(a) tax on	net investment in	come	e.)					
lf «	section 4940(d)(2) applies, leave this p	art blank									
	as the foundation liable for the section			•	rıod?					Yes	X No
_	"Yes," the foundation does not qualify t										
1	Enter the appropriate amount in each	T	structions be	fore making any e	ntries	S		Т		/d\	
	(a) Base period years	(b) Adjusted qualifying distr	ributione	Net value of no	(c)	ritahla.	uca accate		Distrib	(d) ution ratio	
_	Calendar year (or tax year beginning ii	· / _		Net value of no					(coi (b) aiv	ided by col.	
_	2013		8,289.				3,481 2,475				$\frac{06701}{93035}$
_	2012 2011		6,877. 6,516.		_ <u>_</u>		2,475 5,766				<u>83935</u> 01693
_	2010		6,641.		- <u>+</u>		$\frac{3,760}{2,342}$				27920
-	2009		3,896.		_ <u>+</u>		$\frac{2,342}{1,816}$				29175
_	2003		J, 0 J 0 8 1			, 10	1,010	1		• 0	<u> </u>
	Total of line 1, column (d)							2		. 3	<u>49424</u>
3	Average distribution ratio for the 5-ye	•	n line 2 by 5,	or by the number	of ye	ars				_	C000=
	the foundation has been in existence	if less than 5 years						3		.0	<u>69885</u>
4	Enter the net value of noncharitable-u	se assets for 2014 from Part X, lı	ne 5					4		1,511	<u>,470.</u>
5	Multiply line 4 by line 3							5_		105	,629.
6	Enter 1% of net investment income (1% of Part I, line 27b)						6			,342.
		,,									<u> </u>
7	Add lines 5 and 6							7		106	<u>,971.</u>
8	Enter qualifying distributions from Pa							8		204	<u>,772.</u>
	If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1	% tax r	ate.				

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		See ii			Page 4
		- 0-	300 11	13ti u	Clior	13/
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter:				1 2	4.2
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			<u> </u>	<u>42.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		-	1,3	<u> </u>
3	Add lines 1 and 2	3			Ι, Σ	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			1,3	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,3	<u>44.</u>
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,560.					
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868) 6c 6c					
	Backup withholding erroneously withheld 6d 6d	_			1 -	C 0
	Total credits and payments. Add lines 6a through 6d	7			<u> 1,5</u>	<u>60.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	_			2.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				1 (
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u>16.</u>
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 216. Refunded ▶ rt VII-A Statements Regarding Activities	11				0.
-					Yes	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene is	F 1		4.	163	-
	any political campaign? Put the part was the S100 during the year (ather dureth) or individual burness (assure tractions for the definition).	9		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)			1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	o or				ĺ
	distributed by the foundation in connection with the activities					v
	Did the foundation file Form 1120-POL for this year?			1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •					ĺ
_						ĺ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0 •					ĺ
•	managers \(\bigs \) \(\bigs			2		х
2	If "Yes," attach a detailed description of the activities.		1			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14,	, ••	5		X
•	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1		Ì
•	By language in the governing instrument, or					l
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law		:		
	remain in the governing instrument?			6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7	X	
•	one the federal material actions of the country time country the jobs. It was jobs to the country to the country time country time jobs.			•		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					l
	MS					ł
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					ł
•	of each state as required by General Instruction G? If "No," attach explanation			8b	х	l
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar				
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Forr	n 990	-PF(

	990-PF (2014) MISSISSIPPI SPORTS MEDICINE FOUNDATION 04-0009	099	-	Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ALLEN ANDERSON Telephone no. ► 601 – 35		<u>488</u>	
	Located at ► 1325 EAST FORTIFICATION ST, JACKSON, MS ZIP+4 ►39	<u> 202</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	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)).			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	-		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ĺ		
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	}		
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 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 2014) N/A	3b		
4a	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			
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

orm 990-PF (2014) MISSISSIPPI SPORTS MEDIC			<u>64-08690</u>	99_	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	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	1 4945(e))?	Y6	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				-
4945(d)(4)(A)? (see instructions)		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			
the prevention of cruelty to children or animals?		Y€	es 🗶 No		İ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru				5b	X
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 mainta	ined			
expenditure responsibility for the grant?			es 🔲 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	es 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	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trusto		nagers. Highly			
Paid Employees, and Contractors		0 , 0 .	•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acc	lowances
			,		
SEE STATEMENT 7		0.	0.		0.
	/-				
. W. H. L. W. C. J. 40 Tr.					
				}	
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	` hours per week devoted to position	(c) Compensation	and deterred compensation	acci	ount, other lowances
NONE	acroica to position		55117211325511	<u> </u>	
NONE					
				 	
11. 11. 11. 11. 11. 11. 11. 11. 11. 11.				1	
				 	
				1	
				 	
				 -	
Fetal number of other ampleyage gold over \$50,000	· <u>-</u> . <u> </u>	l		<u> </u>	0
Total number of other employees paid over \$50,000				000	PF (2014)
			FORM	230-	FF (2014)

Form 990-PF (2014) MISSISSIPPI SPORTS MEDICINE FOUNDATION Part VIII Information About Officers, Directors, Trustees, Foundation Managers,		<u>869099</u>	Page 7
Paid Employees, and Contractors (continued)	підпіу		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	, ,	· —	
(a) Name and address of each person paid more than \$50,000 (b) Type	oe of service	(c) Com	pensation
NONE			
—			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such a	s the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 PROVIDE HEALTH & ACCIDENT INSURANCE TO INDIGENT STUDEN	T		
ATHLETES TO COVER INJURIES SUSTAINED IN ATHLETIC EVENT	s.		
GROUGOR INTERPRETATION WING HOOMPILE GIVE		152	500.
2 SPONSOR UNDERPRIVILEGED KIDS FOOTBALL CAMP			
		5	000.
3 PROVIDE ASSISTANCE FOR TRAINER			
		29	167.
4 ASSIST WITH EQUIPMENT FOR A PARK IN THE BELHAVEN SUBDI	VISION		
COMMUNITY		1 5	000.
Part IX-B Summary of Program-Related Investments		15	.000.
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	▶		0.

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>1,445,966.</u> a Average monthly fair market value of securities 1a 1b 88,521. b Average of monthly cash balances c Fair market value of all other assets 1c 1,534,487. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 1,534,487. Subtract line 2 from line 1d 3 3 23,017. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 511,470. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 75.574. Part XI 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.) 75,574. Minimum investment return from Part X, line 6 1 1 1,342. Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) 1.342. Add lines 2a and 2b 20 3 74,232. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 74,232. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 0. 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 74,232. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 204,772. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b 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: Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 204,772. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 1,342 income. Enter 1% of Part I, line 27b 203,430. Adjusted qualifying distributions Subtract line 5 from line 4 6 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

Form 990-PF (2014)

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	·	·	· ·	
line 7				74,232.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:	-			
a From 2009				
b From 2010				
c From 2011 42,318.				
d From 2012 48, 499.				
e From 2013 88, 213.				
f Total of lines 3a through e	179,030.			
4 Qualifying distributions for 2014 from	27570001			-1
Part XII, line 4: ► \$ 204, 772.				
a Applied to 2013, 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 2014 distributable amount				74,232.
e Remaining amount distributed out of corpus	130,540.			74,232.
5 Excess distributions carryover applied to 2014	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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	309,570.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line		<u> </u>		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			i	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7	0.			
·	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	309,570.			
10 Analysis of line 9.	303,370.			
a Excess from 2010				
b Excess from 2011 42,318.				
c Excess from 2012 42, 318.				
d Excess from 2013 88, 213.				
e Excess from 2014 130, 540.				
e Excess 0 2014 I 30 , 3 40 .	!			Form 990-PF (2014)

Form 990-PF (2014) MISSISS Part XIV Private Operating F	SIPPI SPORTS				369099 Page 10
	····		-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	-	n control	4042(1)(2) or 4	942(j)(5)
b Check box to indicate whether the foun	Tax year	ig touridation described i	Prior 3 years	4942(j)(3) or 4	1 942())(3)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for	(4) 2011	(0) 2010	(6) 2012	(0) 25 11	(0) 10001
each year listed					
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,				 	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		- .			-
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				-	+
alternative test relied upon:					
 a "Assets" alternative test - enter: (1) Value of all assets 					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					<u> </u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	'' '0 '			1 105 000	<u> </u>
Part XV Supplementary Info			if the foundation	nad \$5,000 or m	ore in assets
at any time during	-	uctions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation why year (but only if they have contributed in			ributions received by the	foundation before the clo	ise of any tax
NONE	····				
b List any managers of the foundation when other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation (only makes contributions t	o preselected charitable	organizations and does r	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	omplete items 2a, b, c, an	<u>d d</u>
a The name, address, and telephone num	iber or e-mail address of t	he person to whom appli	cations should be addres	ssed:	
b The form in which applications should	be submitted and informat	ion and materials they sh	iould include;		
c Any submission deadlines:					
4 Any restrictions or limitations on sweet	o cuch ac hu access	al areae inharitable fields	kinde of institutions	ather feeters:	
d Any restrictions or limitations on award	s, such as by geographica	n areas, charnadie neids,	KINUS OF MISHIUMONS, OF C	omer factors:	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) recipient or substantial contributor a Paid during the year RANKIN COUNTY SCHOOL DISTRICT PUBLIC SCHOOL HEALTH INSURANCE FOR 32,000. DISTRICT STUDENT ATHLETES CLINTON PUBLIC SCHOOL DISTRICT PUBLIC SCHOOL HEALTH INSURANCE FOR DISTRICT STUDENT ATHLETES 6,000. HINDS COUNTY SCHOOL DISTRICT PUBLIC SCHOOL HEALTH INSURANCE FOR DISTRICT STUDENT ATHLETES 10,000. PRIVATE SCHOOL HEALTH INSURANCE FOR JACKSON PREP STUDENT ATHLETES 15,000. JACKSON PUBLIC SCHOOL DISTRICT PUBLIC SCHOOL HEALTH INSURANCE FOR DISTRICT STUDENT ATHLETES 30 000. SEE CONTINUATION SHEET(S) ➤ 3a Total 201,667. **b** Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated				y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					<u> </u>
b	ļ				
C	ļ				
d	-				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	73,925.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			<u> </u>		
than inventory			18	63,954.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		···			
11 Other revenue:					
a					·····
b		F-8			
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		l	0.	137,879.	
13 Total Add line 12, columns (b), (d), and (e)				13	137,879
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accon	plishment of	Exempt Po	urposes	
Line No Explain below how each activity for which inco				····	

Line No	the foundation's exempt purposes (other than by providing funds for such purposes).
_	the foundation's exempt purposes (other than by providing funds for Such purposes).
	-
	

MISSISSIPPI SPORTS MEDICINE FOUNDATION Form 990-PF (2014) 64-0869099 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have cluding accompanying schedules and statements, and to the best of my knowledge return ir Sign return with the preparer shown below (see instr)? Here X Yes Signature of officer or trustee Date Title Print/Type preparer's name Check If PTIN Preparer's signature Date self- employed GEORGE W. BUTLER, Paid JR., CPA GEORGE W. BUTLER, 06/29/15 P00166692 Preparer Firm's name ► GRANTHAM POOLE ET AL, Firm's EIN \triangleright 64-0903390 PLLC **Use Only**

Form 990-PF (2014)

Phone no. 601-499-2400

Firm's address ► 1062 HIGHLAND COLONY PRKWY STE 201

RIDGELAND, MS 39157

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
MADISON CENTRAL HIGH SCHOOL		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	6,000
JACKSON ACADEMY		PRIVATE SCHOOL	HEALTH INSURANCE FOR	15,000
RANKIN COUNTY ATHLETIC ASSOCIATION		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	20,000
PEARL PUBLIC SCHOOL		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	7,500
RIDGELAND HIGH SCHOOL		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	5,000
VELMA JACKSON HIGH SCHOOL		PUBLIC SCHOOL	HEALTH INSURANCE FOR STUDENT ATHLETES	3,000
BELHAVEN FOUNDATION		NON-PROFIT	EQUIPMENT FOR A PARK IN BELHAVEN SUBDIVISION COMMUNITY	15,000
NATIONAL COALITION ALCOHOL & DRUG DEPENDENCY		NON-PROFIT	SPONSORSHIP OF UNDERPRIVILEGED KIDS FOOTBALL CAMP	5,000
SOUTH WEST COMMUNITY COLLEGE - TRAINER		COMMUNITY COLLEGE	ASSISTANCE WITH ATHLETIC TRAINER	29,167
SOUTH WEST COMMUNITY COLLEGE Total from continuation sheets		COMMUNITY	HEALTH INSURANCE FOR STUDENT ATHLETES	3,000 108,667

FORM 990-PF	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
TRUSTMARK FINANCIAL SERVICES	73,925.		0.	73,925.	73,925.	73,925	
TO PART I, LINE 4	73,925.			73,925.			
FORM 990-PF		ACCOUNTI	NG I	?EES	sı	PATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES	
ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B		6,110.		3,055.	0.	3,055.	
		6,110. 3,055.		3,055.	0.	3,055	
FORM 990-PF		TAXES		STATEMENT			
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES	
STATE REGISTRATION FREXCISE TAX ON INVESTM		50.		0.	0.	50	
INCOME		1,342.		0.	0.	0	
FOREIGN TAX ON DIVIDE INTEREST AND PENALTIE		661. 21.		661. 0.	0. 0.	0 . 0 .	
TO FORM 990-PF, PG 1, LN 18		2,074.	661		0.	50	

FORM 990-PF OTHER DECREASES	IN NET ASSETS OR	FUND BALANCES	STATEMENT	4	
DESCRIPTION			AMOUNT		
DECREASE IN UNREALIZED GAIN/LO	48,200.				
TOTAL TO FORM 990-PF, PART III	, LINE 5		48,20	00.	
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	5	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	r	
AMERICAN FUNDS - MUTUAL FUNDS	COST	1,437,182.	2. 1,437,18		
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,437,182.	1,437,18	82.	
FORM 990-PF	OTHER LIABILITIES		STATEMENT	6	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT		
TAXES PAYABLE DUE TO MSMOC		1,409. 6,550.			
TOTAL TO FORM 990-PF, PART II,	7,959.	6,334.			

	T OF OFFICERS, DI FOUNDATION MANAGE	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
DR. LARRY D. FIELD 1325 FORTIFICATION JACKSON, MS 39202	PRESIDENT 5.00	0.	0.	0.
ROBERT R. LODES 1325 FORTIFICATION JACKSON, MS 39202	SECRETARY/TREAS	SURER 0.	0.	0.
DR. CHRIS P. ETHERIDGE 1325 FORTIFICATION JACKSON, MS 39202	VICE PRESIDENT 10.00	0.	0.	0.
HARRY WALKER 148 ST. ANDREWS JACKSON, MS 39211	BOARD MEMBER 1.00	0.	0.	0.
JOHNNY MIMS 121 MAISON RUE VICKSBURG, MS 39180	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

Form 8868 (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

Department of Internal Reve	of the Treasury nue Service	► Information about Form 886	8 and its	instructions is at www.irs.gov/form	8868 .			
If you a	re filing for an Aut	omatic 3-Month Extension, complet	te only Pa	rt I and check this box			X	
		litional (Not Automatic) 3-Month Ex						
_	_	ss you have already been granted a		• • • • • • • • • • • • • • • • • • • •	-	m 8868.		
	-	u can electronically file Form 8868 if y		•	-		corporation	
		or an additional (not automatic) 3-mor						
		ns listed in Part I or Part II with the exc		_				
	•	which must be sent to the IRS in pap	•	·				
		lick on e-file for Charities & Nonprofits		(• • • • • • • • • • • • • • • • • • •			,	
Part I		c 3-Month Extension of Time		submit original (no copies ne	eded).			
A corpora		Form 990-T and requesting an auton						
Part I only	•							
All other c	corporations (includ	ding 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
	ome tax returns.				Enter file	r's identifying	number	
Type or	Name of exemp	t organization or other filer, see instruc	ctions.		Employer identification number (EIN) or			
print						44 00 44 44		
File by the		PPI SPORTS MEDICINE				64-0869099		
due date for filing your		and room or suite no. If a P.O. box, se	ee instruc	tions.	Social security number (SSN)			
return See		T FORTIFICATION						
instructions.	JACKSON	st office, state, and ZIP code. For a form	oreign add	Iress, see instructions.				
	,							
Application		e return that this application is for (file	Return	Application for each return)	·	· · · · ·	0 4	
is For	5 11		Code	Is For				
			01	Form 990-T (corporation)			Code 07	
Form 990			02	Form 1041-A			08	
	orm 4720 (individual) 03							
Form 990			04	Form 5227			10	
	·T (sec. 401(a) or 4	(08(a) trust)	05	Form 6069			11	
	T (trust other than		06	Form 8870			12	
	1 (1.201 00.107 17.12.	CHRIS ETHRIDGE						
• The bo	oks are in the care	of > 1325 EAST FORT			MS 3	9202		
		-354-4488		Fax No.	110 0	<u> </u>		
		not have an office or place of business	s in the Ur					
		ım, enter the organization's four digit			f this is fo	r the whole gro	up, check this	
box 🕨 [t of the group, check this box						
1 I rec		c 3-month (6 months for a corporation						
	AUGUST 15			ition return for the organization name		The extension		
is fo	or the organization		•					
	X calendar year							
▶[tax year begir	· · · · · · · · · · · · · · · · · · ·	, an	nd ending				
	-							
2 If th	e tax year entered	I in line 1 is for less than 12 months, c	heck reas	on. Initial return	Final retur	n		
	Change in acco	unting period						
3a If th		or Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any				
		s. See instructions.			_3a	\$	0.	
b If th	ils application is fo	or Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
		nts made. Include any prior year over			_3b	\$	0.	
c Bal	ance due. Subtra	ct line 3b from line 3a. Include your pa	yment wi	th this form, if required,				
by ı	using EFTPS (Elec	tronic Federal Tax Payment System).	See instru	uctions.	3c	\$	0.	
_						. = 00=0		

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment