**Return of Organization Exempt From Income Tax**

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

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

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

- **Employer identification number**: 23-7310293
- **Telephone number**: (662) 915-5944
- **Gross receipts**: $150,364,924

**C Name of organization**

- **UNIVERSITY OF MISSISSIPPI FOUNDATION**

**D Address change**

- **Doing Business As**: UNIVERSITY OF MISSISSIPPI FOUNDATION
- **Number and street (or P.O. Box if mail is not delivered to street address)**: POST OFFICE BOX 249 MEMORY HOUSE
- **City or town, state or country, and ZIP + 4**: UNIVERSITY, MS 386770249

**E Website**

- WWW UMF OLE MISS EDU

**F Name and address of principal officer**

- **MR WENDELL WEEKLEY**
- **UNIVERSITY OF MISSISSIPPI FOUNDATION**
- **UNIVERSITY, MS 38677**

**H(a) Is this a group return for affiliates?**

- **Yes**
- **No**

**H(b) Are all affiliates included?**

- **Yes**
- **No**

- **If "No," attach a list (see instructions)**

**H(c) Group exemption number**

**J Tax-exempt status**

- **501(c)(3)**

**K Website**

- WWW UMF OLE MISS EDU

**L Year of formation**: 1973

**M State of legal domicile**: MS

---

### Part I Summary

**1 Briefly describe the organization's mission or most significant activities**

THE FOUNDATION IS RESPONSIBLE FOR RECEIVING, RECEIVING, INVESTING, AND DISTRIBUTING GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI

---

### Activities & Governance

**2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets**

- **Yes**
- **No**

**3 Number of voting members of the governing body (Part VI, line 1a)**

- **30**

**4 Number of independent voting members of the governing body (Part VI, line 1b)**

- **29**

**5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)**

- **16**

**6 Total number of volunteers (estimate if necessary)**

- **28**

**7a Total unrelated business revenue from Part VIII, column (C), line 12**

- **-3,602**

**7b Net unrelated business taxable income from Form 990-T, line 34**

- **-22,774**

---

### Revenue

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>26,304,673</td>
<td>35,673,125</td>
</tr>
<tr>
<td>1,566,752</td>
<td>1,600,101</td>
</tr>
<tr>
<td>9,369,176</td>
<td>5,089,984</td>
</tr>
<tr>
<td>354,264</td>
<td>366,221</td>
</tr>
<tr>
<td>37,594,865</td>
<td>42,729,431</td>
</tr>
<tr>
<td>45,669,206</td>
<td>32,529,999</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1,403,196</td>
<td>1,535,188</td>
</tr>
<tr>
<td>352,949</td>
<td>401,532</td>
</tr>
<tr>
<td>1,279,171</td>
<td></td>
</tr>
<tr>
<td>2,163,283</td>
<td>2,681,495</td>
</tr>
<tr>
<td>49,588,634</td>
<td>37,148,214</td>
</tr>
<tr>
<td>-11,993,769</td>
<td>5,581,217</td>
</tr>
</tbody>
</table>

---

### Experience

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>344,875,851</td>
<td>338,435,850</td>
</tr>
<tr>
<td>38,517,215</td>
<td>33,416,874</td>
</tr>
<tr>
<td>306,358,636</td>
<td>305,018,976</td>
</tr>
</tbody>
</table>

---

### Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-12-20</td>
<td></td>
</tr>
</tbody>
</table>

---

### Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Signature of officer**

**HAGGIE ABERNATHY TREASURER/CFO**

**Type or print name and title**

---

### Paid Preparer's Signature

**Preparer's signature**

- **Date**: 2012-12-20

**Preparer's taxpayer identification number**

- **EN**

---

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

- **Yes**
- **No**

---

For Paperwork Reduction Act Notice, see the separate instructions.

**Cat No 11282Y**

**Form 990 (2011)**
**Part III** Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission

   THE UNIVERSITY OF MISSISSIPPI FOUNDATION IS A NONPROFIT CORPORATION CHARTERED IN 1973 BY THE STATE OF MISSISSIPPI TO OPERATE PRIMARILY FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI. THE FOUNDATION IS RESPONSIBLE FOR RECEIVING, RECEIVING, INVESTING, AND DISTRIBUTING ALL GIFTS FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI. IT PURSUES THIS MISSION IN AN ENVIRONMENT OF PRODUCTIVE TEAMWORK, EFFECTIVE COMMUNICATION, AND RELENTLESS SERVICE TO OUR DONORS, UNIVERSITY ADMINISTRATORS, FACULTY, STAFF AND STUDENTS COMMUNICATION OF UNIVERSITY NEEDS AND PRIORITIES ALONG WITH ENCOURAGING INVESTMENT IN THE FUTURE OF OLE MISS ARE INTEGRAL TO OUR SUCCESS. INTEGRITY, HONOR, CIVILITY, SERVICE AND RESPECT FOR OUR DONORS AND THEIR WISHES SERVE AS THE FOUNDATION'S GUIDING PRINCIPLES.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ✅

   If "Yes," describe these new services on Schedule O

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? ✅

   If "Yes," describe these changes on Schedule O

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including Grants $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>15,314,933</td>
<td>15,314,933</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNIVERSITY PROGRAMS - TRANSFERS TO THE UNIVERSITY TO BE USED TO PROVIDE NON-ACADEMIC PROGRAMS AND ACTIVITIES, SUCH AS HONORS PROGRAMS, LIBRARIES, AND SPECIAL EVENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>5,117,998</td>
<td>5,117,998</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SCHOLARSHIPS - TRANSFERS TO THE UNIVERSITY FOR DIRECT STUDENT FINANCIAL SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>5,614,068</td>
<td>5,614,068</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACADEMIC EXCELLENCE - TRANSFERS TO UNIVERSITY ACADEMIC DEPARTMENTS FOR FACULTY AND GENERAL USE, ACCOUNTANCY, APPLIED SCIENCE, BUSINESS, EDUCATION, ENGINEERING, JOURNALISM, LAW, LIBERAL ARTS, MEDICAL CENTER, PHARMACY, OUTREACH, AND RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td>7,334,234</td>
<td>6,483,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other program services (Describe in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td>33,381,233</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total program service expenses $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part IV Checklist of Required Schedules

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II.</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III.</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer “Yes” to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J.</td>
</tr>
<tr>
<td>24a</td>
<td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer questions 24b-24d and complete Schedule K. If “No,” go to line 25.</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I.</td>
</tr>
<tr>
<td>25b</td>
<td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part II.</td>
</tr>
<tr>
<td>26</td>
<td>Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding at any time during the year? If “Yes,” complete Schedule L, Part II.</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If “Yes,” complete Schedule L, Part III.</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV.</td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV.</td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If “Yes,” complete Schedule L, Part IV.</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M.</td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasurers, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M.</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I.</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II.</td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I.</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Parts II, III, IV, and V, line 1.</td>
</tr>
<tr>
<td>35a</td>
<td>Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?</td>
</tr>
<tr>
<td>35b</td>
<td>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” complete Schedule R, Part V, line 2.</td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chattel related organization? If “Yes,” complete Schedule R, Part V, line 2.</td>
</tr>
<tr>
<td>37</td>
<td>Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI.</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?</td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

86

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

0

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return

16

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Yes

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

Yes

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

Yes

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?

No

4b If "Yes," enter the name of the foreign country (see instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts)

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

No

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

No

5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

No

6a Did the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?

No

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

No

7a Organizations that may receive deductible contributions under section 170(c).

No

7b Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8a Did the organization report a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8b Did the organization notify the donor of the value of the goods or services provided?

No

8c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

8d Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8e Did the organization notice the contributor of the value of the goods or services provided?

No

8f Did the organization notify the donor of the value of the goods or services provided?

No

8g Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8h Did the organization notify the contributor of the value of the goods or services provided?

No

8i Did the organization notify the donor of the value of the goods or services provided?

No

8j Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

8k Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8l Did the organization notify the contributor of the value of the goods or services provided?

No

8m Did the organization notify the donor of the value of the goods or services provided?

No

8n Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

8o Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8p Did the organization notify the contributor of the value of the goods or services provided?

No

8q Did the organization notify the donor of the value of the goods or services provided?

No

8r Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

8s Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8t Did the organization notify the contributor of the value of the goods or services provided?

No

8u Did the organization notify the donor of the value of the goods or services provided?

No

8v Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

8w Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8x Did the organization notify the contributor of the value of the goods or services provided?

No

8y Did the organization notify the donor of the value of the goods or services provided?

No

8z Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

8aa Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

No

8ab Did the organization notify the contributor of the value of the goods or services provided?

No

8ac Did the organization notify the donor of the value of the goods or services provided?

No

8ad Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

No

9a Did the organization make any taxable distributions under section 4966?

No

9b Did the organization make a distribution to a donor, donor advisor, or related person?

No

10 Section 501(c)(7) organizations. Enter

10a

11a

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

No

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a Is the organization licensed to issue qualified health plans in more than one state?

Yes

13b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13c Enter the aggregate amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

No

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Yes
### Part VI: Governance, Management, and Disclosure

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

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

#### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year.</td>
<td>1a</td>
<td>30</td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent.</td>
<td>1b</td>
<td>29</td>
</tr>
<tr>
<td>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5</td>
<td>No</td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>6</td>
<td>No</td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>7a</td>
<td>No</td>
</tr>
<tr>
<td>7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
<td>No</td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?</td>
<td>8a</td>
<td>Yes</td>
</tr>
<tr>
<td>8b Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>Yes</td>
</tr>
<tr>
<td>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.</td>
<td>9</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>No</td>
</tr>
<tr>
<td>10b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes?</td>
<td>10b</td>
<td>Yes</td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>Yes</td>
</tr>
<tr>
<td>11b Describe in Schedule O the process, if any, used by the organization to review the Form 990.</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy? If “No,” go to line 13.</td>
<td>12a</td>
<td>Yes</td>
</tr>
<tr>
<td>12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>Yes</td>
</tr>
<tr>
<td>12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done.</td>
<td>12c</td>
<td>Yes</td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>Yes</td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>Yes</td>
</tr>
<tr>
<td>15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization’s CEO, Executive Director, or top management official.</td>
<td>15a</td>
<td>No</td>
</tr>
<tr>
<td>b Other officers or key employees of the organization.</td>
<td>15b</td>
<td>No</td>
</tr>
<tr>
<td>If “Yes,” to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td>15b</td>
<td></td>
</tr>
<tr>
<td>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
<td>No</td>
</tr>
<tr>
<td>16b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AK, AR, CA, CO, CT, FL, LA, MD, MA, MS, NH, NJ, NY, OH, UT, WA, WV.

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3) only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another’s website, Upon request.

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

MAGGIE ABERNATHY
406 UNIVERSITY AVENUE
OXFORD, MS 38655
(662) 915-3851
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one, unless person is both an officer and a director/trustee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|

See Additional Data Table
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See Additional Data Table

---

<table>
<thead>
<tr>
<th>1b Sub-Total</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td>531,327</td>
<td>0</td>
<td>118,106</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If “Yes,” complete Schedule J for such individual

| 3    | No |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If “Yes,” complete Schedule J for such individual

| 4    | Yes |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If “Yes,” complete Schedule J for such person

| 5    | No |

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPMG</td>
<td>AUDITING AND TAX SER</td>
<td>127,020</td>
</tr>
<tr>
<td>PO Box 120001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALLAS, TX  753120561</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUFFALO CODY</td>
<td>FUNDRAISING</td>
<td>297,718</td>
</tr>
<tr>
<td>PO BOX 3018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEDAR RAPIDS, IA  52406</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

---

Form 990 (2011)
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants, and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td>22,803</td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td>7,492,354</td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td>28,157,968</td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td>8,569,208</td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f $</td>
<td></td>
<td></td>
<td>35,673,125</td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>611710</th>
<th>611430</th>
<th>611710</th>
<th>611710</th>
<th>611710</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a UMMC PROGRAM REIMBURSEMENT</td>
<td>919,154</td>
<td>919,154</td>
<td>434,210</td>
<td>434,210</td>
<td>125,369</td>
</tr>
<tr>
<td>2b FOOTBALL GAME TICKETS</td>
<td>125,369</td>
<td>125,369</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c CONTINUING EDUCATION FEES</td>
<td>50,000</td>
<td>50,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e GRANTS</td>
<td>40,000</td>
<td>40,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td>31,368</td>
<td>31,368</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td>1,600,101</td>
<td>1,600,101</td>
<td>738,210</td>
<td>738,210</td>
<td>28,367</td>
</tr>
</tbody>
</table>

3 Investment income (including dividends, interest and other similar amounts) 5,489,446 | -3,602 | 5,493,048 |

4 Income from investment of tax-exempt bond proceeds 0 | 0 | 0 |

5 Royalties 28,367 | 28,367 |

6a Gross rents 959,010 | 959,010 |

6b Less rental expenses 607,428 | 607,428 |

6c Rental income or (loss) 351,582 | 351,582 |

7a Gross amount from sales of assets other than inventory 106,484,288 | 106,484,288 |

7b Less cost or other basis and sales expenses 106,883,750 | 106,883,750 |

7c Gain or (loss) -399,462 | -399,462 |

7d Net gain or (loss) -399,462 | -399,462 |

7a Gross amount from sales of assets other than inventory 106,484,288 | 106,484,288 |

7b Less cost or other basis and sales expenses 106,883,750 | 106,883,750 |

7c Gain or (loss) -399,462 | -399,462 |

7d Net gain or (loss) -399,462 | -399,462 |

8a Gross income from fundraising events (not including 22,803 | 22,803 |

of contributions reported on line 1c) See Part IV, line 18 124,707 | 124,707 |

8b Less direct expenses 144,315 | 144,315 |

8c Net income or (loss) from fundraising events -19,608 | -19,608 |

9a Gross income from gaming activities See Part IV, line 19 27,880 | 27,880 |

9b Less direct expenses 144,315 | 144,315 |

9c Net income or (loss) from gaming activities 0 | 0 |

10a Gross sales of inventory, less returns and allowances 0 | 0 |

10b Less cost of goods sold 0 | 0 |

10c Net income or (loss) from sales of inventory 0 | 0 |

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>525100</th>
<th>5,880</th>
<th>5,880</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a LIFE INSURANCE PROCEEDS</td>
<td>5,880</td>
<td>5,880</td>
<td>5,880</td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td>5,880</td>
<td>5,880</td>
<td>5,880</td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td>42,729,431</td>
<td>1,600,101</td>
<td>-3,602</td>
</tr>
</tbody>
</table>

12 Total revenue. See Instructions 42,729,431 | 1,600,101 | -3,602 | 5,459,807 |
### Part IX  Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Check if Schedule O contains a response to any question in this Part IX.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>32,529,999</td>
<td>32,529,999</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>531,325</td>
<td>531,325</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>641,438</td>
<td>0</td>
<td>568,959</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>165,043</td>
<td>0</td>
<td>165,043</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>117,012</td>
<td>0</td>
<td>117,012</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>80,370</td>
<td>0</td>
<td>80,370</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>150,788</td>
<td>0</td>
<td>150,788</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising. See Part IV, line 17</td>
<td>401,532</td>
<td>0</td>
<td>401,532</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>448,861</td>
<td>0</td>
<td>448,861</td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>430,778</td>
<td>22,490</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>247,180</td>
<td>94,178</td>
<td>78,565</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>107,656</td>
<td>0</td>
<td>74,128</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>19,882</td>
<td>464</td>
<td>11,958</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>1,012,923</td>
<td>734,286</td>
<td>19,502</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>141,019</td>
<td>0</td>
<td>141,019</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>66,102</td>
<td>0</td>
<td>66,102</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>DUES AND SUBSCRIPTIONS</td>
<td>1,773</td>
<td>0</td>
<td>1,773</td>
</tr>
<tr>
<td>b</td>
<td>UMMC FUND EXPENSES</td>
<td>14,343</td>
<td>0</td>
<td>3,095</td>
</tr>
<tr>
<td>c</td>
<td>OTHER</td>
<td>29,126</td>
<td>-184</td>
<td>29,310</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24f</td>
<td>37,148,214</td>
<td>33,381,233</td>
<td>2,487,810</td>
</tr>
</tbody>
</table>

### Joint costs. Check here ▶ if following

SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
### Part X Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>6,878,425</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>20,660,408</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>0</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>4,787,785</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>1,587,147</td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td>3,200,638</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>206,931,261</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td>92,786,515</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>15,735,339</td>
</tr>
<tr>
<td>16</td>
<td>Total assets Add lines 1 through 15 (must equal line 34)</td>
<td>344,875,851</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>0</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D</td>
<td>38,517,215</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities Add lines 17 through 25</td>
<td>38,517,215</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117, check here \( \checkmark \) and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) End of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>7,720,791</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>139,550,965</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>159,086,890</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117, check here \( \checkmark \) and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) End of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>306,358,636</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building or equipment fund</td>
<td>306,358,636</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>306,358,636</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>344,875,851</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>344,875,851</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses  Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at end of year  Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | Accounting method used to prepare the Form 990  □ Cash  □ Accrual  □ Other  
   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O |   |   |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | No |
| 2b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes |
| 2c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | No |
| 3b | If "Yes," did the organization undergo the required audit or audits?  If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b |   |
Part I  Reason for Public Charity Status  (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  [ ] A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2  [ ] A school described in section 170(b)(1)(A)(ii).  (Attach Schedule E)
3  [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

5  [✓] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).  (Complete Part II)
6  [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7  [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).  (Complete Part II)
8  [ ] A community trust described in section 170(b)(1)(A)(vi)  (Complete Part II)
9  [ ] An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
10  [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11  [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11f
   a  [ ] Type I  b  [ ] Type II  c  [ ] Type III - Functionally integrated  d  [ ] Type III - Other

11e  [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
11f  [ ] If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
11g  [ ] Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
   (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
   (ii) a family member of a person described in (i) above?
   (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  [ ] Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in (i) of your support?</th>
<th>(vi) Is the organization in (i) organized in the U S?</th>
<th>(vii) Amount of support?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990   Cat No 11285F   Schedule A (Form 990 or 990-EZ) 2011
### Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants &quot;)</td>
<td>30,893,175</td>
<td>29,102,427</td>
<td>24,104,783</td>
<td>26,304,673</td>
<td>35,673,125</td>
<td>146,078,183</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
<td>36,092,673</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>30,893,175</td>
<td>29,102,427</td>
<td>24,104,783</td>
<td>26,304,673</td>
<td>35,673,125</td>
<td>146,078,183</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>109,985,510</td>
<td>109,985,510</td>
<td>109,985,510</td>
<td>109,985,510</td>
<td>109,985,510</td>
<td>109,985,510</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>30,893,175</td>
<td>29,102,427</td>
<td>24,104,783</td>
<td>26,304,673</td>
<td>35,673,125</td>
<td>146,078,183</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>14,112,380</td>
<td>10,435,612</td>
<td>10,195,810</td>
<td>9,869,915</td>
<td>6,476,823</td>
<td>51,090,540</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>34,630</td>
<td>0</td>
<td>34,630</td>
<td>34,630</td>
<td>34,630</td>
<td>34,630</td>
</tr>
<tr>
<td>10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets</td>
<td>2,090,112</td>
<td>1,377,595</td>
<td>26,144</td>
<td>6,589</td>
<td>5,880</td>
<td>3,506,320</td>
</tr>
<tr>
<td>11 Total support (Add lines 7 through 10)</td>
<td>200,709,673</td>
<td>200,709,673</td>
<td>200,709,673</td>
<td>200,709,673</td>
<td>200,709,673</td>
<td>200,709,673</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (See instructions)</td>
<td>13,077,265</td>
<td>13,077,265</td>
<td>13,077,265</td>
<td>13,077,265</td>
<td>13,077,265</td>
<td>13,077,265</td>
</tr>
<tr>
<td>13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 54.798 % |
15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 52.996 % |
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
16b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
17b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions
## Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received <strong>(Do not include any &quot;unusual grants&quot;)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public Support <strong>(Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income <strong>(less section 511 taxes)</strong> from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income <strong>Do not include gain or loss from the sale of capital assets (Explain in Part IV)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support <strong>(Add lines 9, 10c, 11 and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First Five Years <strong>If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 **(line 8 column (f) divided by line 13 column (f))**

16 Public support percentage from 2010 Schedule A, Part III, line 15

### Section D. Computation of Investment Income Percentage

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

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

19a **33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here.** The organization qualifies as a publicly supported organization

19b **33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here.** The organization qualifies as a publicly supported organization

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions
**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<table>
<thead>
<tr>
<th>Facts And Circumstances Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Explanation**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2011
# SCHEDULE D
(Form 990)

## Supplemental Financial Statements

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

**Attach to Form 990.**

**See separate instructions.**

### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?____ Yes _____ No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?____ Yes _____ No

### Part II Conservation Easements

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   - Preservation of land for public use (e.g., recreation or pleasure)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

<table>
<thead>
<tr>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
</tr>
<tr>
<td>2b</td>
</tr>
<tr>
<td>2c</td>
</tr>
<tr>
<td>2d</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?____ Yes _____ No

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?____ Yes _____ No

9. In Part IV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenues included in Form 990, Part VIII, line 1

   (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

   a. Revenues included in Form 990, Part VIII, line 1

   b. Assets included in Form 990, Part X

---

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2011
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a  □ Public exhibition
   b  □ Scholarly research
   c  □ Preservation for future generations
   d  □ Loan or exchange programs
   e  □ Other

4. Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?
   □ Yes  □ No

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   □ Yes  □ No

b. If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21?
   □ Yes  □ No

b. If "Yes," explain the arrangement in Part XIV

Part V  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

<table>
<thead>
<tr>
<th></th>
<th>(a) Current Year</th>
<th>(b) Prior Year</th>
<th>(c) Two Years Back</th>
<th>(d) Three Years Back</th>
<th>(e) Four Years Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Beginning of year balance</td>
<td>219,164,513</td>
<td>184,023,095</td>
<td>154,131,254</td>
<td>186,234,060</td>
<td></td>
</tr>
<tr>
<td>1b Contributions</td>
<td>7,797,504</td>
<td>7,781,885</td>
<td>9,961,425</td>
<td>7,309,781</td>
<td></td>
</tr>
<tr>
<td>1c Investment earnings or losses</td>
<td>-5,021,259</td>
<td>34,250,933</td>
<td>23,697,783</td>
<td>-30,375,798</td>
<td></td>
</tr>
<tr>
<td>1d Grants or scholarships</td>
<td>7,337,645</td>
<td>6,891,400</td>
<td>3,767,367</td>
<td>9,036,789</td>
<td></td>
</tr>
<tr>
<td>1e Other expenditures for facilities and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g End of year balance</td>
<td>214,603,113</td>
<td>219,164,513</td>
<td>184,023,095</td>
<td>154,131,254</td>
<td></td>
</tr>
</tbody>
</table>

2. Provide the estimated percentage of the year end balance held as
   a. Board designated or quasi-endowment ▶ 0.189 %
   b. Permanent endowment ▶ 76.173 %
   c. Term endowment ▶ 24.016 %

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations
   (ii) related organizations ▶ No

b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
   □ Yes  □ No

4. Describe in Part XIV the intended uses of the organization’s endowment funds

Part VI  Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td>300,000</td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td>4,787,785</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td>1,587,147</td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td>2,900,638</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a-1e  (Column (d) should equal Form 990, Part X, column (B), line 10(c.) ▶ 3,200,638
### Schedule D (Form 990) 2011

#### Part VII  Investments—Other Securities. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) CERTIFICATES OF DEPOSIT</td>
<td>106,536</td>
<td>F</td>
</tr>
<tr>
<td>(B) REAL ESTATE TYPE INVESTMENTS</td>
<td>17,565,697</td>
<td>F</td>
</tr>
<tr>
<td>(C) HEDGE AND VENTURE FUNDS</td>
<td>86,507,022</td>
<td>F</td>
</tr>
</tbody>
</table>

**Total**: (Column (b) should equal Form 990, Part X, col (b) line 12.) 104,179,255

#### Part VII  Investments—Program Related. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
</table>

**Total**: (Column (b) should equal Form 990, Part X, col (b) line 13.)

#### Part IX  Other Assets. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
</table>

**Total**: (Column (b) should equal Form 990, Part X, col (b) line 15.)

#### Part X  Other Liabilities. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of Liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Income Taxes</td>
<td>0</td>
</tr>
<tr>
<td>FUNDS HELD FOR OTHERS</td>
<td>19,642,394</td>
</tr>
<tr>
<td>REMAINDER TRUST LIABILITIES</td>
<td>6,117,511</td>
</tr>
<tr>
<td>OTHER LIABILITIES</td>
<td>7,656,069</td>
</tr>
</tbody>
</table>

**Total**: (Column (b) should equal Form 990, Part X, col (b) line 25.) 33,416,874

2. Fin 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)
### Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column A, line 12)</td>
<td>42,729,431</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column A, line 25)</td>
<td>37,146,214</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year. Subtract line 2 from line 1</td>
<td>5,581,217</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-7,423,126</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td>502,250</td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td>6,920,876</td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net) Add lines 4 - 8</td>
<td>502,250</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements. Combine lines 3 and 9</td>
<td>-1,339,659</td>
</tr>
</tbody>
</table>

### Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>36,142,152</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VII, line 12</td>
<td>2a: -7,423,126</td>
</tr>
<tr>
<td></td>
<td>b: Donated services and use of facilities</td>
<td>2b:</td>
</tr>
<tr>
<td></td>
<td>c: Recoveries of prior year grants</td>
<td>2c:</td>
</tr>
<tr>
<td></td>
<td>d: Other (Describe in Part XIV)</td>
<td>2d: 502,250</td>
</tr>
<tr>
<td></td>
<td>e: Add lines 2a through 2d</td>
<td>2e: -6,920,876</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3: 43,063,028</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part V, line 12, but not on line 1</td>
<td>4a:</td>
</tr>
<tr>
<td></td>
<td>b: Other (Describe in Part XIV)</td>
<td>4b:</td>
</tr>
<tr>
<td></td>
<td>c: Add lines 4a and 4b</td>
<td>4c: -333,597</td>
</tr>
<tr>
<td>5</td>
<td>Total Revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)</td>
<td>5: 42,729,431</td>
</tr>
</tbody>
</table>

### Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>37,481,812</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td>2a:</td>
</tr>
<tr>
<td></td>
<td>b: Prior year adjustments</td>
<td>2b:</td>
</tr>
<tr>
<td></td>
<td>c: Other losses</td>
<td>2c:</td>
</tr>
<tr>
<td></td>
<td>d: Other (Describe in Part XIV)</td>
<td>2d:</td>
</tr>
<tr>
<td></td>
<td>e: Add lines 2a through 2d</td>
<td>2e:</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3: 37,481,812</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td>4a:</td>
</tr>
<tr>
<td></td>
<td>b: Other (Describe in Part XIV)</td>
<td>4b:</td>
</tr>
<tr>
<td></td>
<td>c: Add lines 4a and 4b</td>
<td>4c: -333,598</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)</td>
<td>5: 37,146,214</td>
</tr>
</tbody>
</table>

### Part XIV Supplemental Information

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

#### INTENDED USE OF ORGANIZATION’S ENDOWMENT FUNDS

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART V, LINE 4</td>
<td></td>
<td>THE FOUNDATION INTENDS TO USE THE ENDOWMENTS FOR THE BENEFIT OF THE UNIVERSITY OF MISSISSIPPI BY PROVIDING FUNDING FOR SCHOLARSHIPS AND OTHER UNIVERSITY ACTIVITIES.</td>
</tr>
</tbody>
</table>

#### OTHER RECONCILIATION BETWEEN NET ASSETS, FINANCIAL STMTS, AND RETURN

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART XI, LINE 8 AND PART XII, LINE 2D</td>
<td></td>
<td>CHANGE IN VALUE OF THE UNREALIZED INVESTMENT IN SPLIT INTEREST AGREEMENTS AND CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES</td>
</tr>
</tbody>
</table>

#### OTHER RECONCILIATION BETWEEN NET ASSETS, FINANCIAL STMTS, AND RETURN

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART XII, LINE 4B</td>
<td></td>
<td>INVESTMENT MANAGEMENT FEES THAT ARE NETTED WITH INTEREST AND DIVIDEND INCOME IN THE AUDITED FINANCIAL STATEMENT, BUT ARE SHOWN SEPARATELY FOR TAX RETURN PURPOSES IN PART VIII, LINE 3 448,861, RENTAL EXPENSES THAT ARE NETTED WITH RENTAL INCOME IN PART VIII, LINE 6 BUT REPORTED SEPARATELY AS AN EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES (607,428), CREDIT CARD INCOME THAT IS REPORTED NET OF CREDIT CARD EXPENSES IN PART IX, LINE 24B (30,716), FUNDRAISING EXPENSES THAT ARE REPORTED NET OF FUNDRAISING INCOME IN PART V, LINE 12, BUT REPORTED SEPARATELY AS AN EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES (144,315)</td>
</tr>
</tbody>
</table>

#### OTHER RECONCILIATION OF EXPENSES PER AFS WITH EXPENSES ON RETURN

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART XIII, LINE 4B</td>
<td></td>
<td>INVESTMENT MANAGEMENT FEES THAT ARE NETTED WITH INTEREST AND DIVIDEND INCOME IN THE AUDITED FINANCIAL STATEMENTS, BUT ARE SHOWN SEPARATELY FOR TAX RETURN PURPOSES ON PART IX, LINE 11F 448,861, RENTAL EXPENSES THAT ARE NETTED WITH RENTAL INCOME IN PART VIII, LINE 6 BUT REPORTED SEPARATELY AS EXPENSES FOR AUDITED FINANCIAL STATEMENT PURPOSES (607,428), CREDIT CARD INCOME THAT IS REPORTED NET OF CREDIT CARD EXPENSES IN PART IX, LINE 24B (30,716), FUNDRAISING EXPENSES THAT ARE REPORTED NET OF FUNDRAISING INCOME IN PART V, LINE 12, BUT REPORTED SEPARATELY AS AN EXPENSE FOR AUDITED FINANCIAL STATEMENT PURPOSES (144,315)</td>
</tr>
</tbody>
</table>
**Part I  Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [✓] Mail solicitations
   - [✓] Internet and e-mail solicitations
   - [✓] Phone solicitations
   - [✓] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [✓] Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [✓] Yes  [ ] No

2b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUFFALO CODY</td>
<td>PHONE SOLICITING</td>
<td>No</td>
<td>597,288</td>
<td>297,718</td>
<td>299,571</td>
</tr>
<tr>
<td>MAHAFAY'S QUALITY PRINTING</td>
<td>MAIL SOLICITING</td>
<td>No</td>
<td>274,047</td>
<td>53,980</td>
<td>220,068</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>871,335</td>
<td>351,698</td>
<td>519,639</td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing:

AK, AR, CA, CO, CT, FL, LA, MD, MA, MS, NH, NJ, NY, OH, UT, WA, WV

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II  Fundraising Events

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th></th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other Events</th>
<th>(d) Total Events (Add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>74,116</td>
<td>12,968</td>
<td>60,425</td>
</tr>
<tr>
<td>2</td>
<td>Less Charitable contributions</td>
<td></td>
<td></td>
<td>22,803</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>74,116</td>
<td>12,968</td>
<td>37,622</td>
</tr>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td>27,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td>78,462</td>
<td>2,439</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Direct expense summary Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income summary Combine lines 3 and 10 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III  Gaming

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th></th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (Add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary Combine lines 1 and 7 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization operates gaming activities

9a Is the organization licensed to operate gaming activities in each of these states?

- Yes
- No

9b If "No," Explain

10a Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year?

- Yes
- No

10b If "Yes," Explain

---

Schedule G (Form 990 or 990-EZ) 2011
11. Does the organization operate gaming activities with nonmembers? □ Yes □ No

12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13. Indicate the percentage of gaming activity operated in:
   a. The organization’s facility
   b. An outside facility

14. Provide the name and address of the person who prepares the organization’s gaming/special events books and records:
   Name ▶
   Address ▶

15a. Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No
   b. If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ___________ and the amount of gaming revenue retained by the third party ▶ $ ___________
   c. If "Yes," enter name and address:
      Name ▶
      Address ▶

16. Gaming manager information:
   Name ▶
   Gaming manager compensation ▶ $ ___________
   Description of services provided ▶
      □ Director/officer □ Employee □ Independent contractor

17. Mandatory distributions:
   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b. Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV: Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>ReturnReference</th>
<th>Explanation</th>
</tr>
</thead>
</table>
## Part I General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - [ ] Yes  
   - [ ] No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Governments and Organizations in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY OF MISSISSIPPI LYCEUM UNIVERSITY, MS 38677</td>
<td>64-6001159</td>
<td>501(c)(3)</td>
<td>28,956,813</td>
<td></td>
<td></td>
<td></td>
<td>SEE PART IV</td>
</tr>
<tr>
<td>UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 39216</td>
<td>64-6008520</td>
<td>501(C)(3)</td>
<td>3,348,715</td>
<td></td>
<td></td>
<td></td>
<td>SEE PART IV</td>
</tr>
<tr>
<td>UNIVERSITY OF MISSISSIPPI LYCEUM UNIVERSITY, MS 38677</td>
<td>64-6001159</td>
<td>501(c)(3)</td>
<td>224,471</td>
<td>COMP SALES</td>
<td>VARIOUS</td>
<td></td>
<td>SEE PART IV</td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

3. Enter total number of other organizations listed in the line 1 table.
### Part III Grants and Other Assistance to Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV Supplemental Information

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONITORING PROCEDURES OF FUNDS IN THE US</td>
<td>PART I, LINE 2</td>
<td>THE UNIVERSITY OF MISSISSIPPI FOUNDATION DISBURSES FUNDS DIRECTLY TO THE UNIVERSITY OF MISSISSIPPI AS REQUESTED BY DEPARTMENTS WITHIN THE SCHOOL. FUNDS SENT TO THE UNIVERSITY AS A CASH GRANT ARE NOT DISBURSED WITHOUT THE FOUNDATION RECEIVING WRITTEN REQUEST AND PROPER APPROVAL AND AUTHORIZATION FROM THE DESIGNATED DEPARTMENT. THE PAYMENT IS TO BENEFIT THE UNIVERSITY. DOES NOT MONITOR THE GRANTS DIRECTLY MADE TO THE UNIVERSITY. ONCE THE MONEY IS DISBURSED.</td>
</tr>
<tr>
<td>PURPOSE OF GRANTS</td>
<td>PART II, LINE 1</td>
<td>GRANTS PAID TO THE UNIVERSITY OF MISSISSIPPI ACADEMIC EXCELLENCE 5,614,068 UNIVERSITY SUPPORT 15,314,933 SCHOLARSHIPS 5,117,998 ALL OTHER UNIVERSITY GRANTS 2,909,814 VARIOUS NON-CASH ASSETS 224,471 GRANTS PAID TO THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER TO FUND OPERATIONAL EXPENSES OF THE MEDICAL CENTER 3,348,715</td>
</tr>
</tbody>
</table>
**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
- Attach to Form 990. See separate instructions.

**Name of the organization**

UNIVERSITY OF MISSISSIPPI FOUNDATION

**Employer identification number**

23-7310293

---

### Part I  Questions Regarding Compensation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>[ ] First-class or charter travel</td>
<td>[ ] Housing allowance or residence for personal use</td>
</tr>
<tr>
<td></td>
<td>[ ] Travel for companions</td>
<td>[ ] Payments for business use of personal residence</td>
</tr>
<tr>
<td></td>
<td>[ ] Tax indemnification and gross-up payments</td>
<td>[ ] Health or social club dues or initiation fees</td>
</tr>
<tr>
<td></td>
<td>[ ] Discretionary spending account</td>
<td>[ ] Personal services (e.g., maid, chauffeur, chef)</td>
</tr>
</tbody>
</table>

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

<table>
<thead>
<tr>
<th></th>
<th>1b</th>
</tr>
</thead>
</table>

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

|   | 2 |

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

<table>
<thead>
<tr>
<th></th>
<th>4a</th>
<th>4b</th>
<th>4c</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4a Receive a severance payment or change-of-control payment?

4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c Participate in, or receive payment from, an equity-based compensation arrangement?

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

<table>
<thead>
<tr>
<th></th>
<th>5a</th>
<th>5b</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5a The organization?

5b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

<table>
<thead>
<tr>
<th></th>
<th>6a</th>
<th>6b</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6a The organization?

6b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

<table>
<thead>
<tr>
<th></th>
<th>7</th>
</tr>
</thead>
</table>

7 No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

<table>
<thead>
<tr>
<th></th>
<th>8</th>
</tr>
</thead>
</table>

8 No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<table>
<thead>
<tr>
<th></th>
<th>9</th>
</tr>
</thead>
</table>

9
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

<table>
<thead>
<tr>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>WENDELL W WEAKLEY</td>
<td>(i) 215,324 (ii) 0</td>
<td>(iii) 0</td>
<td>30,400</td>
<td>17,550</td>
<td>263,274</td>
</tr>
</tbody>
</table>

---

Schedule J (Form 990) 2011
### Part III Supplemental Information

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPENSATION</td>
<td>SCHEDULE J,</td>
<td>IN ORDER TO ESTABLISH THE COMPENSATION OF THE FOUNDATION'S CEO/EXECUTIVE DIRECTOR, PROPOSED ADJUSTMENTS ARE PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR INDIVIDUAL APPROVAL IN THE CURRENT YEAR, THE FOUNDATION ALSO PARTICIPATED IN AN INDEPENDENT COMPENSATION STUDY CONDUCTED BY MCCONNELL &amp; COMPANY TO COMPARE THE UNIVERSITY OF MISSISSIPPI FOUNDATION COMPENSATION AMOUNTS TO THAT OF OTHER SEC FOUNDATIONS</td>
</tr>
<tr>
<td>PROCESS</td>
<td>PART I, LINE 3</td>
<td></td>
</tr>
</tbody>
</table>
**NonCash Contributions**

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

Attach to Form 990.

**Part I  Types of Property**

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of Contributions or items contributed</th>
<th>(c) Contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art—Works of art</td>
<td>X</td>
<td>10</td>
<td>143,744</td>
</tr>
<tr>
<td>2</td>
<td>Art—Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art—Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities—Publicly</td>
<td>X</td>
<td>32</td>
<td>1,518,366</td>
</tr>
<tr>
<td></td>
<td>traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities—Closely held</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities—Partnership,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities—Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation</td>
<td>X</td>
<td>1</td>
<td>50,579</td>
</tr>
<tr>
<td></td>
<td>contribution—Historic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>contribution—Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate—Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate—Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate—Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td>X</td>
<td>1</td>
<td>700</td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (PAINT)</td>
<td>X</td>
<td>1</td>
<td>400</td>
</tr>
<tr>
<td>26</td>
<td>Other (PAPER)</td>
<td>X</td>
<td>1</td>
<td>1,225</td>
</tr>
<tr>
<td>27</td>
<td>Other (FILM,DVD,VIDEO)</td>
<td>X</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>28</td>
<td>Other (RUGS)</td>
<td>X</td>
<td>1</td>
<td>6,815,062</td>
</tr>
<tr>
<td></td>
<td>WINE</td>
<td>X</td>
<td>1</td>
<td>720</td>
</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .

| 29 | 6 |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  

| 30a | Yes |

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

| 31 | Yes |

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

| 32a | No |

b If "Yes," describe in Part II

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

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

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Property - 32 Oriental Rugs</td>
<td>Schedule M, Part I, Line 30b</td>
<td>32 oriental rugs worth $6,815,062 were contributed as a one-time non-cash contribution in the current year $2,798,669 of these rugs have been transferred to the University of Mississippi for use on its campus $1,407,393 of rugs has been placed in service within several Foundation properties. The remainder are held with the intention to sell in 2014. These rugs must be held at least three years from the date of initial contribution and are not required to be used for exempt purposes for the entire holding period.</td>
</tr>
</tbody>
</table>
## Supplemental Information to Form 990 or 990-EZ

**Form 990 or 990-EZ**

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

### Name of the organization
UNIVERSITY OF MISSISSIPPI FOUNDATION

### Employer identification number
23-7310293

### Identifier | Return Reference | Explanation |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER PROGRAM SERVICES</td>
<td>PART III, LINE 4D</td>
<td>OTHER PROGRAM EXPENSES - FUNDS TRANSFERRED FOR UNIVERSITY FACILITIES, SALARY, OFFICE, TRAVEL, PROMOTION, ETC</td>
</tr>
<tr>
<td>COMPLIANCE POLICY</td>
<td>PART VI, LINE 12C</td>
<td>ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO REVIEW THE FOUNDATION CONFLICT OF INTEREST POLICY. THIS IS DOCUMENTED BY A SIGNED CONFIRMATION STATEMENT FROM EACH MEMBER</td>
</tr>
<tr>
<td>990 REVIEW</td>
<td>PART VI, LINE 11A</td>
<td>AS PER THE FOUNDATION BY-LAWS AND THE CHARTER OF THE AUDIT COMMITTEE, THE AUDIT COMMITTEE REVIEWS THE FORM 990 WITH FOUNDATION MANAGEMENT. THIS IS DOCUMENTED IN THE COMMITTEE MINUTES. THE 990 IS EMAILED TO EACH MEMBER OF THE GOVERNING BODY PRIOR TO THE FILING OF THE TAX RETURN</td>
</tr>
<tr>
<td>PUBLIC AVAILABILITY OF DOCUMENTS</td>
<td>PART VI, LINE 19</td>
<td>THE FOUNDATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AS WELL AS POSTED TO THE FOUNDATION WEBSITE AT <a href="http://WWW.UMFOUNDATION.COM">WWW.UMFOUNDATION.COM</a></td>
</tr>
<tr>
<td>FAMILY RELATIONSHIP</td>
<td>PART VI, LINE 2</td>
<td>SANDRA M. GUEST, VICE-PRESIDENT/SECRETARY AND RONNIE D. GUEST, DIRECTOR OF FOUNDATION SERVICES HAVE A FAMILY RELATIONSHIP</td>
</tr>
<tr>
<td>CHANGES IN NET ASSETS</td>
<td>PART XI LINE 5</td>
<td>UNREALIZED GAIN/(LOSS) ON INVESTMENTS ($7,423,126) CHANGE IN VALUE OF CASH SURRENDER AGREEMENTS $483,601 CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES $18,649</td>
</tr>
</tbody>
</table>
## Related Organizations and Unrelated Partnerships

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

*Attach to Form 990.*

*See separate instructions.*

### Part I Identification of Disregarded Entities

(Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) UNIV OF MISS FOUNDATION REALTY LLC</td>
<td>REAL ESTATE</td>
<td>MS</td>
<td>1,560,414</td>
<td>UMF</td>
<td></td>
</tr>
<tr>
<td>PO Box 249</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 38677</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-5945758</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) ISOM PLACE LLC</td>
<td>FACILITY RENT</td>
<td>MS</td>
<td>5,800</td>
<td>761,689</td>
<td>UMF</td>
</tr>
<tr>
<td>PO Box 249</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 38677</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64-0865754</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II Identification of Related Tax-Exempt Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MISSISSIPPI COMMON FUND TRUST</td>
<td>FUNDRAISING</td>
<td>MS</td>
<td>501(C)(3)</td>
<td>PF</td>
<td>UMF</td>
<td>Yes</td>
</tr>
<tr>
<td>POST OFFICE BOX 249 MEMORY HOUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 38677</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64-0875827</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) UNIVERSITY OF MISSISSIPPI</td>
<td>PUBLIC UNIV</td>
<td>MS</td>
<td>501(C)(3)</td>
<td>509(a)(1)</td>
<td>NA</td>
<td>No</td>
</tr>
<tr>
<td>216 LYCEUM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 38677</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64-6001159</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER</td>
<td>MEDICAL UNIV</td>
<td>MS</td>
<td>501(C)(3)</td>
<td>509(a)(1)</td>
<td>NA</td>
<td>No</td>
</tr>
<tr>
<td>2500 NORTH STATE STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JACKSON, MS 39216</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64-6008520</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III  Identification of Related Organizations Taxable as a Partnership

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CHARITABLE REMAINDER UNITrust (16)</td>
<td>TRUST</td>
<td>MS</td>
<td>UMF</td>
<td>TRUST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 249</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 3867</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. CHARITABLE LEAD UNITrust (1)</td>
<td>TRUST</td>
<td>MS</td>
<td>UMF</td>
<td>TRUST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 249</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 3867</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. CHARITABLE REMAINDER ANNUITY Trust (7)</td>
<td>TRUST</td>
<td>MS</td>
<td>UMF</td>
<td>TRUST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 249</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY, MS 3867</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V  Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
   b Gift, grant, or capital contribution to related organization(s)
   c Gift, grant, or capital contribution from related organization(s)
   d Loans or loan guarantees to or for related organization(s)
   e Loans or loan guarantees by related organization(s)
   f Sale of assets to related organization(s)
   g Purchase of assets from related organization(s)
   h Exchange of assets with related organization(s)
   i Lease of facilities, equipment, or other assets to related organization(s)
   j Lease of facilities, equipment, or other assets from related organization(s)
   k Performance of services or membership or fundraising solicitations for related organization(s)
   l Performance of services or membership or fundraising solicitations by related organization(s)
   m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   n Sharing of paid employees with related organization(s)
   o Reimbursement paid to related organization(s) for expenses
   p Reimbursement paid by related organization(s) for expenses
   q Other transfer of cash or property to related organization(s)
   r Other transfer of cash or property from related organization(s)

   Yes  No
   1a  No
   1b  Yes
   1c  Yes
   1d  No
   1e  No
   1f  No
   1g  No
   1h  No
   1i  Yes
   1j  No
   1k  No
   1l  No
   1m  Yes
   1n  No
   1o  No
   1p  No
   1q  No
   1r  No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type(a-r)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) UNIVERSITY OF MISSISSIPPI</td>
<td>B</td>
<td>29,181,284</td>
<td>CASH PAID</td>
</tr>
<tr>
<td>(2) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER</td>
<td>B</td>
<td>3,348,715</td>
<td>CASH PAID</td>
</tr>
<tr>
<td>(3) MISSISSIPPI COMMON FUND TRUST</td>
<td>C</td>
<td>7,492,354</td>
<td>CASH RECEIVED</td>
</tr>
<tr>
<td>(4) UNIVERSITY OF MISSISSIPPI</td>
<td>I</td>
<td>153,653</td>
<td>BILLING AGMT</td>
</tr>
<tr>
<td>(5) UNIVERSITY OF MISSISSIPPI</td>
<td>K</td>
<td>334,500</td>
<td>AFFL AGMT</td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VI  Unrelated Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part VII  Supplemental Information

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule R (Form 990) 2011
TY 2011 Itemized Other Current Liabilities Schedule

Name: UNIVERSITY OF MISSISSIPPI FOUNDATION  
EIN: 23-7310293

<table>
<thead>
<tr>
<th>Corporation Name</th>
<th>Corporation EIN</th>
<th>Description</th>
<th>Beginning Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>INTEREST PAYABLE</td>
<td></td>
<td>1,428</td>
</tr>
</tbody>
</table>
TY 2011 Itemized Other Assets Schedule

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION  
**EIN:** 23-7310293

<table>
<thead>
<tr>
<th>Corporation Name</th>
<th>Corporation EIN</th>
<th>Other Assets Description</th>
<th>Beginning Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DEFERRED SYNDICATION COSTS (NET)</td>
<td></td>
<td>55,036</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DEFERRED ORGINATION FEES</td>
<td></td>
<td>56,405</td>
</tr>
</tbody>
</table>
### TY 2011 Itemized Other Current Assets Schedule

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION  
**EIN:** 23-7310293

<table>
<thead>
<tr>
<th>Corporation Name</th>
<th>Corporation EIN</th>
<th>Other Current Assets Description</th>
<th>Beginning Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>INTEREST RECEIVABLE</td>
<td></td>
<td>6,164</td>
</tr>
</tbody>
</table>
## TY 2011 Other Deductions Schedule

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION  
**EIN:** 23-7310293

<table>
<thead>
<tr>
<th>Description</th>
<th>Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONAL FEES</td>
<td></td>
<td>42,767</td>
</tr>
<tr>
<td>ORGANIZATIONAL AND SYNDICATION COST</td>
<td></td>
<td>36,862</td>
</tr>
<tr>
<td>ADMINISTRATION FEES</td>
<td></td>
<td>17,923</td>
</tr>
<tr>
<td>AMORT OF ORIGINATION FEES</td>
<td></td>
<td>7,793</td>
</tr>
<tr>
<td>RESEARCH FEES</td>
<td></td>
<td>511</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td></td>
<td>7,361</td>
</tr>
</tbody>
</table>
TY 2011 Itemized Other Investments Schedule

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION  
**EIN:** 23-7310293

<table>
<thead>
<tr>
<th>Corporation Name</th>
<th>Corporation EIN</th>
<th>Other Investments Description</th>
<th>Beginning Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>INV IN SECURITIES</td>
<td></td>
<td>5,987,923</td>
</tr>
</tbody>
</table>
## TY 2011 Itemized Other Liabilities Schedule

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION  
**EIN:** 23-7310293

<table>
<thead>
<tr>
<th>Corporation Name</th>
<th>Corporation EIN</th>
<th>Other Liabilities Description</th>
<th>Beginning Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PAYABLE FOR SECURITIES PURCHASED</td>
<td></td>
<td>2,498,003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CREDIT FACILITY PAYABLE</td>
<td></td>
<td>2,854,994</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DUE TO AFFILIATE</td>
<td></td>
<td>420,608</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACCRUED LIABILITIES</td>
<td></td>
<td>372,219</td>
</tr>
</tbody>
</table>
TY 2011 Paid-In or Capital Surplus Reconciliation Statement

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION  
**EIN:** 23-7310293

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTNERS' CAPITAL</td>
<td></td>
<td>4,080,825</td>
</tr>
</tbody>
</table>
Additional Data

Software ID:
Software Version:
EIN: 23-7310293
Name: UNIVERSITY OF MISSISSIPPI FOUNDATION
### Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7310293

**Name:** UNIVERSITY OF MISSISSIPPI FOUNDATION

### Form 990, Special Condition Description:

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>WENDELL W WEEKLEY</td>
<td>40 0</td>
<td>X</td>
<td>215,324</td>
<td>0</td>
<td>47,950</td>
</tr>
<tr>
<td>PRESIDENT/CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT R BAILESS</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOUIS K BRANDT</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID E BREVARD</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARLES T CANNADA</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAIR-ELECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEREDITH W CREEKMORE</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAN G FARRINGTON</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROGER P FRIOU</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARTHA DALE FRITTS</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAMIE G HOUSTON</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL T MCREE</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIZABETH W QUIRK</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JON C TURNER</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALLEN H CROSSWELL</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARKEEVA A MORGAN</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROLAND O BURNS JR</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C YORK CRAIG JR</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAMUEL B HASKELL III</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALLY H HEDERMAN</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABBY M MANNING</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT SEIBELS III</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN SUMNER</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICHARD G NOBLE</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARRY H BRYAN</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHUNTER CARPENTER</td>
<td>01 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A: Name and Title</td>
<td>B: Average hours per week</td>
<td>C: Position (check all that apply)</td>
<td>D: Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>E: Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>F: Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ROSE J FLEORL DIRECTOR</td>
<td>01</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>R MAYO FLYNT III DIRECTOR</td>
<td>01</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUSAN C MCCORMICK DIRECTOR</td>
<td>01</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CHARLES L OVERBY DIRECTOR</td>
<td>01</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RODNEY F TRIPPLETT JR DIRECTOR</td>
<td>01</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SANDRA M GUEST VICE PRESIDENT/SECRETARY</td>
<td>40 0</td>
<td>X</td>
<td>116,099</td>
<td>0</td>
<td>24,994</td>
</tr>
<tr>
<td>MAGGIE E ABERNATHY TREASURER/CFO</td>
<td>40 0</td>
<td>X</td>
<td>86,007</td>
<td>0</td>
<td>20,554</td>
</tr>
<tr>
<td>RONNIE D GUEST DIRECTOR- FOUNDATION SERVICES</td>
<td>40 0</td>
<td>X</td>
<td>113,897</td>
<td>0</td>
<td>24,608</td>
</tr>
</tbody>
</table>