**Main Information Sheet**

**US 990**

**For calendar year 2013 or tax year beginning** JUL 01, 2012 **and ending** JUN 30, 2013

**Name:** JSU DEVELOPMENT FOUNDATION INC  
**Address:** PO BOX 17144  
**City, State, and Zip Code:** JACKSON MS 39217

**EIN:** 23-7061115  
**Telephone No:** 601-979-2947

**Email address:** N/A  
**Web site address:** N/A

**Fiduciary name, if applicable:** DAVID HOARD  
**Title of officer/trustee/fiduciary signing return:** EXECUTIVE DIRECTOR

**Group exemption number:**  
**Check if exemption application is pending:**  
**Accounting method:** Cash: □  Accrual: ☑  Other: □  Specify:  

**Type of exempt organization:**  
☑ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)  
☐ Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year (Form 990-EZ)  
☐ Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)  
☐ Exempt organization with unrelated business income (Form 990-T)

**Preparer ID:** MAT  
**Preparer name:** MARVEL A TURNER SR  
**Preparer SSN:**  
**Firm's name:** TURNER & ASSOCIATES  
**Address:** 3155 J R LYNCH STREET  
**City, State, ZIP Code:** JACKSON MS 39209

**Time in this return:** 633 minutes  
**Date:** 05/01/2014  
**PTIN:** P01430273  
**Self-employed:** ☑  
**Firm's EIN:** 64-0605242  
**Phone:** 601-353-5820

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUN 30, 2013

B C Name of organization JSU DEVELOPMENT FOUNDATION IN D Employer Identification number JACKSON STATE UNIVERSITY 23-7061115

E Telephone number 601-979-2947

G Gross receipts $ 6038270.

H(a) Is this a group return for subordinates? □ Yes ☑ No

H(b) Are all subordinates included? If "No," attach a list (see instructions) □ Yes ☑ No

J Website: □ N/A

K Form of organization ☑ Corporation □ Trust □ Association □ Other □

L Year of formation: M State of legal domicile: MS

Part I Summary

Briefly describe the organization's mission or most significant activities:

TO PROVIDE FINANCIAL SUPPORT TO WITH ACADEMIC PROGRAMS, STUDENT SCHOLARSHIPS AS WELL AS GENERAL UNIVERSITY SUPPORT

2 Check this box ☑ If the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 28

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6

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

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

8 Contributions and grants (Part VIII, line 1h) 8 5690709. 4060277.

9 Program service revenue (Part VIII, line 2g) 9

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 362424. 839060.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 993120. 814260.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5060013. 4085077.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 1255132. 2120761.

14 Benefits paid to or for members (Part IX, column (A), line 4) 14

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 96153. 88017.

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a

16b Total fundraising expenses, (Part IX, column (D), line 25) 16b 122961.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2828677. 3989289.

19 Revenue less expenses. Subtract line 18 from line 12 19 2231336. 95788.

Part II 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 □ DAVID HOARD ☑ EXECUTIVE DIRECTOR Date 5/14/14

Number or type of name and title

Paid Preparer Use Only

Print/type preparer's name MARVEL A TURNER SR ☑ Prepare Preparer's signature MARVEL A TURNER 05/01/2014

Date 05/01/2014 ☑ Check □ if self-employed PTIN P01430273

Preparer's EIN 64-0605242

Use Only

Name Firm's name TURNER & ASSOCIATES

Type or print full name Firm's address 3155 J R LYNCH STREET

Address JACKSON MS 39209-

Phone no. 601-353-5820

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes □ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)
Part III  Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1. Briefly describe the organization's mission:
   SCHOLARSHIPS AND UNIVERSITY SUPPORT

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] No

   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? [X] No

   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 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>1269933</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUPPORTED THE UNIVERSITY WITH GENERAL, ACADEMIC, STUDENT SERVICES AND OPERATION SUPPORT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>648365</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SCHOLARSHIP WERE ISSUED TO STUDENTS FOR TUITION AND BOOKS TO ASSIST WITH THEIR PURSUIT OF A HIGHER EDUCATION WHICH HAS A DIRECT BENEFIT TO THE STUDENTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c</td>
<td>909777</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GENERAL AND ADMINISTRATIVE EXPENSES RELATED TO PROGRAMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4d</td>
<td>202463</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other program services (Describe in Schedule O.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| 4e | Total program service expenses | 3030538. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>X</td>
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<td>2</td>
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<td>X</td>
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<td>11</td>
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<td>X</td>
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<td>a</td>
<td></td>
<td>X</td>
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<td>b</td>
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<td>c</td>
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<td>d</td>
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<td>e</td>
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<tr>
<td>f</td>
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<td>12a</td>
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<td>b</td>
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<td>X</td>
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<td>15</td>
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<td>16</td>
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<td>17</td>
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<td>18</td>
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<td>X</td>
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<tr>
<td>19</td>
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<td>X</td>
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<tr>
<td>20a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; to Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c 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>
<td></td>
<td></td>
</tr>
<tr>
<td>24d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>25b 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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 35a, 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part V  Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>153</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling winnings to prize winners?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2a</td>
<td>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</td>
<td></td>
<td>2a</td>
</tr>
<tr>
<td>2b</td>
<td>If at least 1 is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td>2b</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>3a</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td>3b</td>
</tr>
<tr>
<td>4a</td>
<td>At any time during the calendar year, did the organization have an interest in, or a signature or authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>5a</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>5b</td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td>5c</td>
</tr>
<tr>
<td>6a</td>
<td>Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td></td>
<td>6a</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td>6b</td>
</tr>
<tr>
<td></td>
<td>Organizations that may receive deductable contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
<td>7a</td>
</tr>
<tr>
<td>7b</td>
<td>Did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td>7b</td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>7c</td>
</tr>
<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td>7d</td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>7e</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>7f</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td>7g</td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-C?</td>
<td></td>
<td>7h</td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds and section 508(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Did the organization make any taxable distributions under section 4966?</td>
<td></td>
<td>9a</td>
</tr>
<tr>
<td>9b</td>
<td>Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td>9b</td>
</tr>
<tr>
<td>10</td>
<td>Section 501(e)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Initial fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Section 501(e)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td></td>
<td>11a</td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td>12a</td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td>12b</td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td>13a</td>
</tr>
<tr>
<td>13b</td>
<td>Note. See the Instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td>13b</td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves the organization is required to maintain in the states in which the organization is licensed to issue qualified health plans</td>
<td></td>
<td>13c</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>14a</td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td>14b</td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Yes 28

1b. Enter the number of voting members included in line 1a, above, who are independent. 26

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? Yes X

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? Yes X

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Yes X

5. Did the organization become aware during the year of a significant diversion of the organization's assets? Yes X

6. Did the organization have members or stockholders? Yes X

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? Yes X

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Yes X

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a. The governing body? Yes X
   b. Each committee with authority to act on behalf of the governing body? Yes X

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. Yes X

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

10a. Did the organization have local chapters, branches, or affiliates? Yes X

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? Yes X

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes X

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990. Yes X

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes X

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes X

12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Yes X

13. Did the organization have a written whistleblower policy? Yes X

14. Did the organization have a written document retention and destruction policy? Yes X

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 Yes X
   b. Other officers or key employees of the organization Yes X

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? Yes X

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? Yes X

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed. MS

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

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 during the tax year.

20. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID HOARD, JACKSON ST J ACKSON, MS 39217 601-979-2949
## Part VII
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

### 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. 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, and 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average Hours per week (do not check more than one box unless person is both an officer and a director/trustee)</th>
<th>(C) Position</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>(1) WILLIAM BYNUM MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) E BANKS MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) A CASTILLA LEGAL SEC</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>3707</td>
<td>0</td>
</tr>
<tr>
<td>(4) CARLTON BROWN MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) C DOTY MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) BARRET HATCHES MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) H CATCHINGS MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) H FISACKERLY MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) DEBRA MCGEE TREASURER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) DAVID HOARD EX-OFFICIO MEM</td>
<td>20</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) CAROLYN MYERS EX-OFFICIO MEM</td>
<td>5</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12) ROBERT COOK MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) OWENS-SABIR EX-OFFICIO</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(14) JOHN MCGOWN MEMBER</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Position  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>Individual trustee</td>
<td>Institutional trustee</td>
<td>Office</td>
<td>Key employee</td>
</tr>
<tr>
<td></td>
<td>Average hours per week (list any hours for related organizations below dotted line)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) BEN JACKSON</td>
<td>VICE CHAIR</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(16) S VANDERPOOL</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(17) E WASHINGTON</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(18) W WINTER</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(19) LELAND SPPED</td>
<td>CHAIRMAN</td>
<td>2</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(20) R HOUSTON</td>
<td>EX-OFFICIO MEM</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(21) JIM PERRY</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(22) DARRYL PILATE</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(23) TERRY WOODARD</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(24) G BROOKINS</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>(25) JILL BROENNE</td>
<td>MEMBER</td>
<td>1</td>
<td>X</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

1b Sub-total: 3707 0 0

c Total from continuation sheets to Part VII, Section A: 3707 0 0

d Total (add lines 1b and 1c): 3707 0 0

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: 3707 0 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: Yes No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual: Yes No

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: Yes 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>
</table>

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

Check if Schedule O contains a response or note to any line in this Part VIII

<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 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></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></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 included in lines 1a-1e</td>
<td>4060277.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>4060277.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>2g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>339717.</th>
<th>339717.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Income from Investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>1138941.</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>1953201.</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>-814260.</td>
<td></td>
</tr>
<tr>
<td>6d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>499343.</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gain or (loss)</th>
<th>499343.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ of contributions reported on line 1c).</th>
<th>499343.</th>
<th>499343.</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Part IV, line 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net Income or (loss) from fundraising events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th>499343.</th>
<th>499343.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net Income or (loss) from gaming activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>499343.</th>
<th>499343.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
<td></td>
</tr>
</tbody>
</table>

| Total revenue, See Instructions | 4085077. | 24854. |
**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).

Check if Schedule O contains a response or note to any line in this Part IX

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</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 US. See Part IV, line 21</td>
<td>1472396.</td>
<td>1472396.</td>
<td></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>648365.</td>
<td>648365.</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>88017.</td>
<td>88017.</td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Prof. fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td>219726.</td>
<td>219726.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other. (If line 11g amount exceeds 10% of line 25, col. (A) amount, list line 11g expenses on Schedule O.)</td>
<td>10320.</td>
<td>10320.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>203395.</td>
<td>168308.</td>
<td>20758.</td>
<td>14329.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>123509.</td>
<td>52054.</td>
<td>10264.</td>
<td>61191.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>8432.</td>
<td>8432.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>106403.</td>
<td>67416.</td>
<td>22052.</td>
<td>16935.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>246971.</td>
<td>207917.</td>
<td>20792.</td>
<td>18262.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>40837.</td>
<td>40837.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>25080.</td>
<td>22446.</td>
<td>2634.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a SEE STMT</td>
<td>85786.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>301186.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>5727.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d</td>
<td>376776.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td>26363.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>3989289.</td>
<td>2942515.</td>
<td>923813.</td>
<td>122961.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>4407663.</td>
<td>4404310.</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>462903.</td>
<td>165669.</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>directors, trustees, key employees, and highest compensated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(as defined under section 4958(f)(1)), persons described in section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4958(c)(3)(B), and contributing employers and sponsoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizations of section 601(c)(9) voluntary employees'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beneficiary organizations (see instructions). Complete Part II of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>4517159.</td>
<td>4515733.</td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>226.</td>
<td>8.</td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>1651355.</td>
<td>1695278.</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis.</td>
<td>21556924.</td>
<td></td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>1351512.</td>
<td></td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>20717932.</td>
<td>20205412.</td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td>11568300.</td>
<td>12503571.</td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td>769077.</td>
<td>12.</td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>808020.</td>
<td>16.</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 16 (must equal line 34)</td>
<td>46250528.</td>
<td>46082000.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>624946.</td>
<td>1118459.</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>188784.</td>
<td>227568.</td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>9189.</td>
<td>9081.</td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trustees, key employees, highest compensated employees, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>21564197.</td>
<td>21569957.</td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>related third parties, and other liabilities not included on lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-24). Complete Part X of Schedule D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Unrestricted net assets</td>
<td>4921095.</td>
<td>7989235.</td>
</tr>
<tr>
<td>28. Temporarily restricted net assets</td>
<td>9514953.</td>
<td>2239258.</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td>9429364.</td>
<td>12928442.</td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td></td>
<td>30.</td>
</tr>
<tr>
<td>31. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>31.</td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>32.</td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>23865412.</td>
<td>23156935.</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>46250528.</td>
<td>46082000.</td>
</tr>
</tbody>
</table>
**Part XI  Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
<td>4085077.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
<td>3989289.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
<td>95788.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
<td>23865412.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prior period adjustments</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
<td>23961200.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part XII  Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

<table>
<thead>
<tr>
<th></th>
<th>Accounting method used to prepare the Form 990:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cash</td>
<td>☑ Accrual</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

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? ☐ Yes ☑ No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

|   | Separate basis | ☐ Consolidated basis | ☑ Both consolidated and separate basis |

b Were the organization's financial statements audited by an independent accountant? ☐ Yes ☑ No

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

|   | Separate basis | ☑ Consolidated basis | ☐ Both consolidated and separate basis |

c If "Yes" to line 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? ☐ Yes ☑ No

If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O.

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? ☐ Yes ☑ No

b 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. ☐ Yes ☑ No

Form 990 (2013)
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.)

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:

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 33 1/3 % 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 33 1/3 % 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, 1976. 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 11h.

   a. [ ] Type I
   b. [ ] Type II
   c. [X] Type III - Functionally Integrated
   d. [ ] Type III - Non-functionally Integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (ii) below, the governing body of 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?

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 col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(E)</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 or Form 990-EZ.
**Part II Support Schedule for Organizations Described In Sections 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 1 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) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4585900.00</td>
<td>3130091.28</td>
<td>2837615.53</td>
<td>5379254.31</td>
<td>31077431</td>
<td>19040603.00</td>
</tr>
<tr>
<td>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>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><strong>Total. Add lines 1 through 3</strong></td>
<td>4585900.00</td>
<td>3130091.28</td>
<td>2837615.53</td>
<td>5379254.31</td>
<td>31077431</td>
<td>19040603.00</td>
</tr>
<tr>
<td>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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19040603.00</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>4585900.00</td>
<td>3130091.28</td>
<td>2837615.53</td>
<td>5379254.31</td>
<td>31077431</td>
<td>19040603.00</td>
</tr>
<tr>
<td>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>Net income from unrelated business activities, 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>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>53003.14</td>
<td>1454253.55</td>
<td>554933.13</td>
<td>1362109.20</td>
<td>2091475.05</td>
<td>5515773.00</td>
</tr>
<tr>
<td><strong>Total support. Add lines 7 through 10.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26481044.00</td>
</tr>
<tr>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>12</strong></td>
</tr>
<tr>
<td>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
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<td><strong>X</strong></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>71.90%</td>
</tr>
<tr>
<td>Public support percentage from 2012 Schedule A, Part II, line 14</td>
<td>78.90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>33 1/3% support test - 2013. 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</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td><strong>33 1/3% support test - 2012. If the organization did not check a 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</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td><strong>10% facts-and-circumstances test - 2013. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td><strong>10%-facts-and-circumstances test - 2012. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td><strong>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

OF SUBSIDIARY AND IN-KIND CONTRIBUTIONS.
Schedule of Contributors

Name of the organization: JSU DEVELOPMENT FOUNDATION INC

Employer identification number: 23-7061115

Organization type (check one):

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year $0

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | ABBOTT LABORATORIES FOUNDATION  
100 ABBOTT PARK RD  
JACKSON IL 60064- | $ 5,000. | Person X, Payroll, Noncash (Complete Part II for noncash contributions.) |
| 2   | ABT ASSOCIATES INC  
CAMBRIDGE MA 02138- | $ 51,862. | Person X, Payroll, Noncash (Complete Part II for noncash contributions.) |
| 3   | AJA MANAGEMENT & TECHNICAL SERV  
JACKSON MS 39202- | $ 5,000. | Person X, Payroll, Noncash (Complete Part II for noncash contributions.) |
| 4   | AMERICAN SPEECH-LANGUAGE-HEARING  
FAIRFAX VA 22030- | $ 7,795. | Person X, Payroll, Noncash (Complete Part II for noncash contributions.) |
| 5   | AMIE  
500 PERRING PKWY  
BALTIMORE MD 21251- | $ 5,000. | Person X, Payroll, Noncash (Complete Part II for noncash contributions.) |
| 6   | ARAMARK  
JACKSON MS 39217- | $ 73,931. | Person X, Payroll, Noncash (Complete Part II for noncash contributions.) |
### Part I Contributors (see instructions).

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
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<th>Type of contribution</th>
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<tbody>
<tr>
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<td>ATMOS ENERGY</td>
<td>$28,500</td>
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<td>FLOWOOD MS 39232-</td>
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<td>Payroll</td>
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<td>Noncash</td>
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<tr>
<td>8</td>
<td>DARENE BAGGETT</td>
<td>$5,000</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>PISCATAWAY NJ 08855-</td>
<td></td>
<td>Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>9</td>
<td>BANK PLUS</td>
<td>$30,000</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39203-</td>
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<tr>
<td>10</td>
<td>BANKPLUS RIDGELAND</td>
<td>$11,750</td>
<td>Person</td>
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<td></td>
<td>RIDGELAND MS 39157-</td>
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<td>Payroll</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>11</td>
<td>GERALDINE BARNES</td>
<td>$5,000</td>
<td>Person</td>
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<tr>
<td></td>
<td>PASCAGOULA MS 39567-</td>
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<td>Payroll</td>
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<td></td>
<td></td>
<td>Noncash</td>
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<tr>
<td>12</td>
<td>TARITA BENSON-DAVIS</td>
<td>$5,025</td>
<td>Person</td>
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<td></td>
<td>HOUSTON TX 77008-</td>
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<td>Noncash</td>
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<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
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<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>12</td>
<td>BLUE BENGAL ATHELIC ASSOC JACKSON MS 39217</td>
<td>$51,000.</td>
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</tr>
<tr>
<td>13</td>
<td>BLUE CROSS &amp; BLUE SHIELD OF MS JACKSON MS 39215-</td>
<td>$10,000.</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>JUANITA BLUNSTON JACKSON MS 39213-</td>
<td>$10,125.</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>THOMAS CALHOUN CRYSTAL SPRINGS MS 39059-</td>
<td>$66,666.</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>CAREER SPORTS &amp; ENTERTAINMENT ATLANTA GA 30339-</td>
<td>$50,000.</td>
<td>X</td>
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<tr>
<td>17</td>
<td>COMCAST FOUNDATION PHILADELPHIA PA 19103-</td>
<td>$20,000.</td>
<td>X</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>18</td>
<td>CORNING INCORPORATED CHICAGO IL 60673-</td>
<td>$ 25,000.</td>
<td>Person X, Noncash</td>
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<tr>
<td>19</td>
<td>CORPORATION FOR PUBLIC BROADCAST WASHINGTON DC 20004-</td>
<td>$ 110,158.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>20</td>
<td>MEREDITH CREEKMORE JACKSON MS 39211-</td>
<td>$ 7,250.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>21</td>
<td>CSPIRE FOUNDATION RIDGELAND MS 39157-</td>
<td>$ 25,400.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>22</td>
<td>ALLEANE CIRCLE JACKSON MS 39209-</td>
<td>$ 45,000.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>23</td>
<td>ANGELITA CURRIE JACKSON MS 39209-</td>
<td>$ 5,000.</td>
<td>Person X, Noncash</td>
</tr>
</tbody>
</table>
### Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

**Name of organization**
JSU DEVELOPMENT FOUNDATION INC

**Employer Identification number**
23-7061115

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
| 24      | ENTERGY 
Baton Rouge LA 70891- | $65,700. | Person ᵗ Payroll ᵈ Noncash ᵈ |
| 25      | ENTERGY CHARITABLE FOUNDATION 
PO Box 61000 
NEW ORLEANS LA 70161- | $25,000. | Person ᵗ Payroll ᵈ Noncash ᵈ |
| 26      | ERNST & YOUNG FOUNDATION 
Secaucus NJ 07094- | $25,000. | Person ᵗ Payroll ᵈ Noncash ᵈ |
| 27      | FARM CREDIT BANK OF TX 
Austin TX 78746- | $5,000. | Person ᵗ Payroll ᵈ Noncash ᵈ |
| 28      | FIDELITY CHARITABLE GIFT FUND 
Cincinnati OH 45277- | $5,000. | Person ᵗ Payroll ᵈ Noncash ᵈ |
| 29      | LAWERENCE GORDON 
West Palm Beach FL 33415- | $5,000. | Person ᵗ Payroll ᵈ Noncash ᵈ |
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>JIMMIE HARMON</td>
<td>$10,250.</td>
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<td></td>
<td>TERRY MS 39170-</td>
<td></td>
<td>Payroll □</td>
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<td>Noncash □</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>31</td>
<td>PAUL HEMPHILL</td>
<td>$5,000.</td>
<td>Person X</td>
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<td></td>
<td>HOLLYWOOD FL 33022-</td>
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<td>Payroll □</td>
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<td></td>
<td></td>
<td>Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>32</td>
<td>HESSELBEIN TIRE CO INC</td>
<td>$5,000.</td>
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<tr>
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<td>JACKSON MS 39209-</td>
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<td>Payroll □</td>
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<td>Noncash □</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>33</td>
<td>JACKSON MEDICAL MALL FOUNDATION</td>
<td>$75,500.</td>
<td>Person X</td>
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<td>JACKSON MS 39283-</td>
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<td>Noncash □</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>34</td>
<td>JOSEPH C BANCROFT CHARITABLE &amp;</td>
<td>$5,000.</td>
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<td>PO BOX 826</td>
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<td>Payroll □</td>
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<td>MCCOMB MS 39649-</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>35</td>
<td>JSU CHICAGO ALUMNI CHAPTER</td>
<td>$15,900.</td>
<td>Person X</td>
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<tr>
<td></td>
<td>CHICAGO IL 60619-</td>
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<td>Payroll □</td>
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<tr>
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<td></td>
<td>Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
## Part I: Contributors (see instructions)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 36  | JSU CLASS OF 1963  
JACKSON MS 39206- | $37,123.00          | Person               |
|     |                                               |                     | Payroll              |
|     |                                               |                     | Noncash              |
|     |                                               |                     | (Complete Part II for noncash contributions.) |
| 37  | JSU GREATER WASHINGTON DC AREA  
UPPER MARLBORO MD 20792- | $10,000.00          | Person               |
|     |                                               |                     | Payroll              |
|     |                                               |                     | Noncash              |
|     |                                               |                     | (Complete Part II for noncash contributions.) |
| 38  | JACKSON HINDS ALUMNI CHAPTER  
JACKSON MS 39217- | $10,350.00          | Person               |
|     |                                               |                     | Payroll              |
|     |                                               |                     | Noncash              |
|     |                                               |                     | (Complete Part II for noncash contributions.) |
| 39  | JSU MEMPHIS ALUMNI CHAPTER  
MEMPHIS TN 38130- | $12,500.00          | Person               |
|     |                                               |                     | Payroll              |
|     |                                               |                     | Noncash              |
|     |                                               |                     | (Complete Part II for noncash contributions.) |
| 40  | JSU METRO ATLANTA CHAPTER  
ATLANTA GA 30343- | $12,010.00         | Person               |
|     |                                               |                     | Payroll              |
|     |                                               |                     | Noncash              |
|     |                                               |                     | (Complete Part II for noncash contributions.) |
| 41  | JSU SCOTT COUNTY ALUMNI CHAPTER  
FOREST MS 39074- | $11,000.00          | Person               |
<p>|     |                                               |                     | Payroll              |
|     |                                               |                     | Noncash              |
|     |                                               |                     | (Complete Part II for noncash contributions.) |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>ROBERT KELLY</td>
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<td>Person X</td>
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<tr>
<td></td>
<td>BIRMINGHAM AL 35222-</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>JERRY KENNEDY</td>
<td>$12,000.00</td>
<td>Person X</td>
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<td>WOODVILLE MS 39669-</td>
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<td>Noncash</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
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<tr>
<td>44</td>
<td>JOE LAYMON</td>
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<td>BERKELEY CA 94705-</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<td>LOCKHEED MARTIN CORPORATION</td>
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<td>FORT WORTH TX 76101-</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<tr>
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<td>LYRASIS</td>
<td>$75,630.00</td>
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<td>ATLANTA GA 30368-</td>
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<td>Noncash</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
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<td>JOHN MCGOWN</td>
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<td>JACKSON MS 39296-</td>
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<td>Noncash</td>
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<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
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</tr>
</tbody>
</table>
### Part I: Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
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<tr>
<th>No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
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<tbody>
<tr>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
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<td>$</td>
<td>Person</td>
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<td>Payroll</td>
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<td>Noncash</td>
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<td>$</td>
<td>(Complete Part II for noncash contributions.)</td>
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<td>Person</td>
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<td>Payroll</td>
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<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>48</td>
<td>CHARLES TREER</td>
<td>$10,092</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>KEY WEST FL 33040-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>CAROLYN MEYERS</td>
<td>$11,000</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39217-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>JULIE MILLER</td>
<td>$5,150</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>SAN JOSE CA 95131-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>MY JOY INC</td>
<td>$300,000</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>INDIANAPOLIS IN 46236-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>WILLIAM OVERTON</td>
<td>$5,000</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>MANDEVILLE LA 70448-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>PAYTON FAMILY FOUNDATION, INC</td>
<td>$5,250</td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>LOUISVILLE KY 40245-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) No.</td>
<td>(b) Name, address, and ZIP + 4</td>
<td>(c) Total contributions</td>
<td>(d) Type of contribution</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>54</td>
<td>PFIZER FOUNDATION MATCHING GIFTS</td>
<td>$7,490.00</td>
<td>Person X Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>PRINCETON NJ 08543-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>WINSTON PITTMAN</td>
<td>$5,250.00</td>
<td>Person X Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>LOUISVILLE KY 40245-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>PORTERS INSURANCE AGENCY</td>
<td>$8,750.00</td>
<td>Person X Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39207-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>NARAYANASWAMY RADHAKRISHNAN</td>
<td>$5,000.00</td>
<td>Person X Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>MABLETON CA 30126-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>ROBERT M HEARIN FOUNDATION</td>
<td>$452,930.00</td>
<td>Person X Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39206-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>SAATCHI &amp; SAATCHI NORTH AMERICA,</td>
<td>$12,316.00</td>
<td>Person X Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td>375 HUDSON STREET</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW YORK NY 10014-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>60</td>
<td>LOU SANDERS</td>
<td>$ 5,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39213-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>SHELL OIL COMPANY FOUNDATION</td>
<td>$ 11,500.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>PRINCETON NJ 08543-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>SOUTHERN BEVERAGE COMPANY</td>
<td>$ 75,400.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39215-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>LELAND SPEED</td>
<td>$ 15,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>P O BOX 22728</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39225-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>STEVEN JAMES INS AGENCY</td>
<td>$ 5,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39206-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>THE RICHARD D STUTZKE FOUNDATION</td>
<td>$ 20,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>SPRINGFIELD VA 22151-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>65</td>
<td>WORTH THOMAS</td>
<td>$5,160.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39206-</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>66</td>
<td>THURGOOD MARSHALL SCHOLARSHIP</td>
<td>$60,764.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>WASHINGTON DC 20004-</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>67</td>
<td>TOM JOYNER FOUNDATION</td>
<td>$14,112.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>PO BOX 630495</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>IRVING TX 75063-</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>68</td>
<td>TRI STATE VOLUNTARY ORGANIZATION</td>
<td>$5,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>2350 BEACH BLVD</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>BILOXI MS 39531-</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>69</td>
<td>TUSKEGEE UNIVERSITY</td>
<td>$20,000.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>200 LUTHER FOSTER HALL</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>TUSKEGEE INSTITUTE AL 36088-</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>70</td>
<td>UNION PACIFIC CORP</td>
<td>$49,760.</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td>OMAHA NE 68179-</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>(a) No.</td>
<td>(b) Name, address, and ZIP + 4</td>
<td>(c) Total contributions</td>
<td>(d) Type of contribution</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>71</td>
<td>UNITED WAY OF THE CAPITAL AREA, PO BOX 23169, JACKSON MS 39225-</td>
<td>$ 40,000</td>
<td>Person</td>
</tr>
<tr>
<td>72</td>
<td>W K KELLOGG FOUNDATION BATTLE CREEK MI 49017-</td>
<td>$ 2,831,721</td>
<td>Person</td>
</tr>
<tr>
<td>73</td>
<td>ESTATE OF WELLINGTON D SWINDALL MESA AZ 85202-</td>
<td>$ 25,000</td>
<td>Person</td>
</tr>
<tr>
<td>74</td>
<td>ROBERT WHALIN CLINTON MS 39056-</td>
<td>$ 5,250</td>
<td>Person</td>
</tr>
<tr>
<td>75</td>
<td>LUTHER WILLIAMS LONG BEACH CA 90806-</td>
<td>$ 12,916</td>
<td>Person</td>
</tr>
<tr>
<td>76</td>
<td>MARGARET WODETZKI JACKSON MS 39206-</td>
<td>$ 5,000</td>
<td>Person</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
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<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>77</td>
<td>ZION TRAVELERS BAPTIST CHURCH</td>
<td>$5,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>JACKSON MS 39283-</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
**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>Donor advised funds</th>
<th>Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions 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>9,081.</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? [X] Yes  [ ] No

6. Did the organization inform all grantors, donors, and donor advisors in writing that grant funds can 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? [X] 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 education)
   - Preservation of historically important land area
   - Protection of natural habitat
   - Preservation of certified historic structure

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

   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 6/17/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? [X] 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 section 170(h)(4)(B)(ii)? [X] Yes  [ ] No

9. In Part XIII, 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.

a. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

   a. Revenues included in Form 990, Part VIII, line 1
   b. Assets included in Form 990, Part X
Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, 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. [X] Scholarly research
   c. [X] 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 XIII.

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 [X] 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 [X] No

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>Amount</td>
</tr>
<tr>
<td>Amount</td>
</tr>
</tbody>
</table>

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

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

1a. Beginning of year balance
   a. (a) Current year 11,030,366.
   b. (b) Prior year 7,905,163.
   c. (c) Two years back 8,628,570.
   d. (d) Three years back 12,825,413.
   e. (e) Four years back 12,434,246.

1b. Contributions 1,751,843.

1c. Net Investment earnings, gains, and losses 798,670.

1d. Grants or scholarships 318,560.

1e. Other expenditures for facilities and programs 333,877.

1f. Administrative expenses

1g. End of year balance 12,928,442.

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a. Board designated or quasi-endowment 0.00%
   b. Permanent endowment 100.00%
   c. Temporarily restricted endowment 0.00%

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? [X]

4. Describe in Part XIII the intended uses of the organization's endowment funds.

Part V. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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>1,875,546</td>
<td></td>
<td>1,875,546</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>19,607,239</td>
<td></td>
<td>1,351,512. 18,255,726.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold Improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>74,140.</td>
<td></td>
<td>74,140.</td>
<td>808,020.</td>
</tr>
<tr>
<td>e Other</td>
<td>808,020.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 20,939,292.
**Part XI** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1</th>
<th>6,038,278</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Not unrealized gains on investments</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>6,038,278</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
<td>6,038,278</td>
</tr>
</tbody>
</table>

**Part XII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>5,942,490</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td>(121,038)</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
<td>9</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>(121,029)</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>6,063,519</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
<td>6,063,519</td>
</tr>
</tbody>
</table>

**Part XIII** Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**STATEMENTS AND RECONCILE TO BOOKS**

---

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

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
JSU DEVELOPMENT FOUNDATION INC

Employer identification number
23-7061115

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. Part II can be duplicated 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 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>(1) JACKSON STATE UNIVER 39217 MS JA64-6000050</td>
<td>1,472,396</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<td>(5)</td>
<td></td>
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<tr>
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<td></td>
<td></td>
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<td></td>
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<tr>
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<td></td>
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<td>(8)</td>
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<td>(9)</td>
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<td>(10)</td>
<td></td>
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</tr>
<tr>
<td>(11)</td>
<td></td>
<td></td>
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<tr>
<td>(12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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. Part III can be duplicated 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>1 SCHOLARSHIPS</td>
<td>762</td>
<td>648,365</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 BOOK AWARDS</td>
<td>48</td>
<td>46,612</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column b, and any other additional information.
### SCHEDULE M (Form 990) 2013

**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its Instructions is at www.irs.gov/form990.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JSU DEVELOPMENT FOUNDATION INC</td>
<td>23-7061115</td>
</tr>
</tbody>
</table>

#### Part I: Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art-Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art-Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art-Fractional Interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td>X</td>
<td>3</td>
<td>681,573</td>
</tr>
<tr>
<td>9 Securities-Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities-Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities-Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities-Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution-Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution-Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate-Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate-Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate-Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food Inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archaeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other</td>
<td>(GIFTS CERT)</td>
<td>X</td>
<td>3</td>
</tr>
<tr>
<td>26 Other</td>
<td>(SUPPLIES)</td>
<td>X</td>
<td>1</td>
</tr>
<tr>
<td>27 Other</td>
<td>(COMPUTER HW)</td>
<td>X</td>
<td>1</td>
</tr>
<tr>
<td>28 Other</td>
<td>(OFFICE FUR)</td>
<td>X</td>
<td>2</td>
</tr>
</tbody>
</table>

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

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? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," describe in Part II.

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

---

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule M (Form 990) 2013

BCA
Part II: Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COMPUTER SOFTWARE DONATED FOR SPECIAL PROJECT

ITEMS DONATED FOR SPECIAL PROGRAMS AND EVENTS
### Part I: Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a or 28b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.
   
3. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

### Part II: Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td>2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td>4</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>Yes</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>7</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td>8</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td>9</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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<td>10</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Total

### Part III: Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>C MYERS</td>
<td>BOARD MEMBER</td>
<td>50,000</td>
<td>INT SUPPORT</td>
<td>SALARY ASSIST</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
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<td>10</td>
<td></td>
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</tr>
</tbody>
</table>
# Transactions With Interested Persons

**Part I:** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(9)</td>
<td></td>
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</tr>
</tbody>
</table>

2. Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. $

3. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. $

**Part II:** Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No Yes No Yes No Yes No Yes No</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No Yes No Yes No Yes No Yes No</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No Yes No Yes No Yes No Yes No</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes No Yes No Yes No Yes No Yes No</td>
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<td>Yes No Yes No Yes No Yes No Yes No</td>
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<td>Yes No Yes No Yes No Yes No Yes No</td>
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<td>Yes No Yes No Yes No Yes No Yes No</td>
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<td>Yes No Yes No Yes No Yes No Yes No</td>
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<td>Yes No Yes No Yes No Yes No Yes No</td>
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<td>Yes No Yes No Yes No Yes No Yes No</td>
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</tbody>
</table>

Total. $

**Part III:** Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>C MYERS</td>
<td>BOARD MEMBER</td>
<td>50,000</td>
<td>INT SUPPORT</td>
<td>SALARY ASSIS</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Part IV: Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of Interested Person</th>
<th>(b) Relationship between Interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ALOVENO CASTILLO BOARD SECRRTARY</td>
<td></td>
<td>3,707. FEES FOR SERVICE</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

### Part V: Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).
### Part IV  Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOVENO CASTILLO</td>
<td>BOARD SECRETARY</td>
<td>3,707</td>
<td>FEES FOR SERVICE</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Part V  Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).
Copies of the 990 are reviewed by the finance committee and copies are made available to entire board of directors.

Legal entities and are bound by the operating agreements between the foundation and the affiliates. The foundation normal policies and procedures apply with regards to employees, officers and trustees engaging with affiliates.

The tax return is distributed and discussed the the board of directors during a regular schedule meeting.

Board members are required to complete a conflict of interest declaration annually.

The board of directors approve an annual supplement to the president of Jackson State University a realted party entity. The president of Jackson State University is a board member.

Includes support for collegiate athletics in all sports sponsored by the university.
# SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships
- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Attach to Form 990.
- See separate instructions.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number
23-7061115

<table>
<thead>
<tr>
<th>Part I. Identification of Disregarded Entities</th>
<th>Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, Line 33.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name, address, and EIN (if applicable) of disregarded entity</td>
<td>(b) Primary activity</td>
</tr>
<tr>
<td>1. UPJ I</td>
<td>27-1613272</td>
</tr>
<tr>
<td>1400 J R LYNCH STR JACkSON</td>
<td>MS 39217</td>
</tr>
<tr>
<td>2. UPJ II LLC</td>
<td>26-1088319</td>
</tr>
<tr>
<td>1400 JR LYNCH STRE JACkSON</td>
<td>MS 39217</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II. Identification of Related Tax-Exempt Organizations</th>
<th>Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, Line 34 because it had one or more related tax-exempt organizations during the tax year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name, address, and EIN of related organization</td>
<td>(b) Primary activity</td>
</tr>
<tr>
<td>1. JACKSON STATE UNIVERSITY</td>
<td>64-6000050</td>
</tr>
<tr>
<td>1400 J R LYNCH JACkSON</td>
<td>MS 39217</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### 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 912-914)</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-UJB</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</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>
<th>(i) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tbody>
</table>
**Part V. Transactions With Related Organizations**

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

<table>
<thead>
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<th></th>
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<td>a</td>
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<td>X</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>X</td>
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<tr>
<td>c</td>
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<td>X</td>
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<tr>
<td>d</td>
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<td>X</td>
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<td>e</td>
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<td>X</td>
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<td>f</td>
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<tr>
<td>s</td>
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</table>

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 related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) THE FOUNDATION THROUGH ITS SUBSIDIARY UPJ II HAS A</td>
<td>I</td>
<td>360,000.</td>
<td>FAIR VALUE</td>
</tr>
<tr>
<td>(2) MASTER LEASE WITH JACKSON STATE UNIVERSITY FOR COMMERCI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) SPACE IN THE UNIVERSITY PLACE DEVELOPMENT PROJECT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) THE COMMERCIAL SPACE IS THEN SUBLEASED TO THIRD PARTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) TENANTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) JSUDF COST SHARE WITH JSU FOR KEY STAFF POSITIONS</td>
<td>O,P</td>
<td>88,017.</td>
<td>COST</td>
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</table>
Name: JSU DEVELOPMENT FOUNDATION INC

Description: ADVERTISING AND PROMOTIONS

<table>
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<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMOTION AND ADVERTISING</td>
<td>6,824</td>
</tr>
<tr>
<td>PRINTING AND PUBLICATION</td>
<td>7,498</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
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</table>

Total: 14,329.
## Detail Sheet

**Name:** JSU DEVELOPMENT FOUNDATION INC  
**ID:** 23-7061115

**Description:** PROMOTION AND ADVERTISING

<table>
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<tr>
<th>Type</th>
<th>Amount</th>
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<tbody>
<tr>
<td>PRINTING AND PUBLICATION</td>
<td>20,758.</td>
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**Total:** 20,758.
Name: JSU DEVELOPMENT FOUNDATION INC  
ID: 23-7061115

Description: PROMOTION AND ADVERTISING

<table>
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<th>Type</th>
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<tbody>
<tr>
<td>PROMOTION AND ADVERTISING</td>
<td>78,495.</td>
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<tr>
<td>PRINTING AND PUBLICATION</td>
<td>51,524.</td>
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<td>SPONSORSHIPS</td>
<td>38,289.</td>
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Total: 168,308.
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<th>Type</th>
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<tbody>
<tr>
<td>POSTAGE AND MAILING</td>
<td>60,812</td>
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<tr>
<td>SUPPLIES AND MATERIAL</td>
<td>379</td>
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Total: 61,191
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<tr>
<td>FACILITY RENTAL/MAINTENANCE</td>
<td>727.</td>
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<tr>
<td>SUPPLIES AND MATERIALS</td>
<td>5,281.</td>
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<tr>
<td>TELEPHONE</td>
<td>3,055.</td>
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<td>POSTAGE AND MAILINGS</td>
<td>401.</td>
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<td><strong>Total</strong></td>
<td><strong>10,264.</strong></td>
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<tr>
<td>Type</td>
<td>Amount</td>
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<tr>
<td>EQUIPMENT EXPENSE</td>
<td>26,930.</td>
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<td>FACILITY RENTAL/MAINTENCE</td>
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<td>SUPPLIES AND MATERIALS</td>
<td>14,641.</td>
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<td>TELEPHONE</td>
<td>4,912.</td>
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<td>POSTAGE AND MAILING</td>
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Total: 52,054.
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<th>Type</th>
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<tbody>
<tr>
<td>FOOD COST AND CATERING</td>
<td>16,397</td>
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<tr>
<td>STAFF DEVELOPMENT</td>
<td>4,395</td>
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Total: 20,792
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<tr>
<td>FOOD COST AND CATERING</td>
<td>121,857</td>
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<td>SPECIAL EVENTS</td>
<td>86,060</td>
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<td><strong>Total</strong></td>
<td><strong>207,917</strong></td>
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<tr>
<td>Type</td>
<td>Amount</td>
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<tr>
<td>BANK CHARGES</td>
<td>10,320</td>
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Total: 10,320.
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<th>Type</th>
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<tbody>
<tr>
<td>CASH AND EQUIVALENTS</td>
<td>1,666,108.</td>
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<tr>
<td>RESTRICTED CASH AND EQUIVALENTS</td>
<td>195,107.</td>
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Total: 1,861,215.
## Detail Sheet

**Name:** JSU DEVELOPMENT FOUNDATION INC  
**ID:** 23-7061115  
**Description:** BUILDINGS AND IMPROVEMENTS

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>BUILDINGS</td>
<td>18,786,519.</td>
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<tr>
<td>IMPROVEMENTS</td>
<td>288,400.</td>
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<tr>
<td>CONSTRUCTION IN PROGRESS</td>
<td>532,319.</td>
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**Total:** 19,607,238.
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<tr>
<th>Type</th>
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<tbody>
<tr>
<td>ATHLETIC SUPPORT TRAVEL AND RELATED RESOURCES</td>
<td>202,463</td>
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</table>
Name: JSU DEVELOPMENT FOUNDATION INC  
ID: 23-7061115  

Description: GIFTS GRANTS TO ORGANIZATIONS  

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTITUTIONAL SUPPORT</td>
<td>1,223,321.</td>
</tr>
<tr>
<td>ATHLETIC SUPPORT</td>
<td>202,463.</td>
</tr>
<tr>
<td>ACADEMIC SUPPORT</td>
<td>46,612.</td>
</tr>
</tbody>
</table>

Total ................................................................. 1,472,396.
<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
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<tbody>
<tr>
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<td>ACADEMIC SUPPORT</td>
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**Total** ................................................................. 1,269,933
Name: JSU DEVELOPMENT FOUNDATION INC
ID: 23-7061115

Description: AMOUNT OF CASH GRANT

<table>
<thead>
<tr>
<th>Type</th>
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<tbody>
<tr>
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Total: 1,472,396.
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<tr>
<th>Description of the Asset</th>
<th>Total</th>
<th>Program Services</th>
<th>Management and General</th>
<th>Fundraising</th>
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<td>ACCOUNTING &amp; LEGAL</td>
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<td>BAD DEBT EXPENSES</td>
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<td>MISCELLANEOUS</td>
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