



MATTHEWS
CUTRER *and*
LINDSAY, P.A.

599 C Steed Road, Ridgeland, MS 39157
601-898-8875 Fax 601-898-2983

CERTIFIED PUBLIC ACCOUNTANTS

www.mclcpa.net

November 6, 2010

Mississippi Center for Nonprofits, Inc.
921 North President Street, Ste C
Jackson, MS 39202

Dear Mark:

Enclosed are the organization's 2009 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before November 15, 2010.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

MISSISSIPPI FORM 83-105

The Mississippi Form 83-105 should be mailed on or before May 15, 2008 to:

Office of Revenue
P.O. Box 23050
Jackson, MS 39225-3050

Enclose a check or money order for \$23.00 payable to State Tax Commission.

PUBLIC DISCLOSURE:

Organizations exempt under IRS code 501(c) are required to make their three most recent Forms 990, 990T and 990PF (as well as Form 1023, Application for Exemption) available to anyone who requests them. Most 990 Forms filed with the IRS are now available on the internet. For this reason, we ask that you review this form carefully to ensure the accuracy of its contents, prior to filing with the IRS.

The public disclosure requirements state very clearly how an exempt organization must honor requests for this information. Please be sure your key staff and/or volunteers understand how to handle any such requests your organization may receive.

Most of the information contained on Form 990, 990T and Form 990PF is considered to be public information and therefore available to the public, upon request. There are significant fines that may be imposed for failure to provide the information on a timely basis.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Charles R Lindsay, Jr, CPA

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Mississippi Center for Nonprofits, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 921 North President Street, Ste C City or town, state or country, and ZIP + 4 Jackson, MS 39202	D Employer identification number 58-2025957 E Telephone number 601-968-0061 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ www.msnonprofits.org	G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ▶ <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **376,334.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	159,461.
	2 Program service revenue including government fees and contracts	2	146,063.
	3 Membership dues and assessments	3	64,012.
	4 Investment income	4	24.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ Miscellaneous)	8	6,774.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	376,334.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	249,913.
	13 Professional fees and other payments to independent contractors	13	54,491.
	14 Occupancy, rent, utilities, and maintenance	14	31,871.
	15 Printing, publications, postage, and shipping	15	17,982.
	16 Other expenses (describe ▶ See Statement 1)	16	146,551.
17 Total expenses. Add lines 10 through 16	17	500,808.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-124,474.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	176,871.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,397.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	137,281.	22	133,737.
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 2)	50,103.	24	28,403.
25 Total assets	187,384.	25	162,140.
26 Total liabilities (describe ▶ See Statement 3)	10,513.	26	109,743.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,871.	27	52,397.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? See Statement 9		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		
28	See Statement 6	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 174,530.
29	See Statement 7	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 125,806.
30	See Statement 8	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 116,459.
31	Other program services (attach schedule) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 416,795.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Paul Griffin Jones, 921 N. President Street, Suite C, Jackson, MS 39202	Chair 1.00	0.	0.	0.
Leslee Linn, 921 N. President Street, Suite C, Jackson, MS 39202	Vice Chair 1.00	0.	0.	0.
Lori Greer, 921 N. President Street, Suite C, Jackson, MS 39202	Treasurer 1.00	0.	0.	0.
Ann Neal, 921 N. President Street, Suite C, Jackson, MS 39202	Secretary 1.00	0.	0.	0.
Dr. Debra Buchanan, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Anner Marie Cunningham, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Elizabeth Brister, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Jody E. Owens, II, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Keith Parsons, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Ella Jane Putnam, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Melinda Tidwell, 921 N. President Street, Suite C, Jackson, MS 39202	Board member 1.00	0.	0.	0.
Mark McCrary, 921 N. President Street, Suite C, Jackson, MS 39202	Executive Director 40.00	65,520.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		
	37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
	38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
	39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities		
	39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 0.; section 4912 0.; section 4955 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed. MS		
42a	The organization's books are in care of MS Center for Nonprofits, Inc Telephone no. 601-968-0061 Located at 921 N. President St. Suite C, Jackson, MS ZIP + 4 39202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
42b			
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c			
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
	43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45			

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- 49b If "Yes," was the related organization a section 527 organization? **49b**

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here 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: **Mark McCrary, Executive Director** Date: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: **11/06/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Matthews Cutrer & Lindsay, PA**
599 C Steed Rd
Ridgeland, MS 39157

EIN: _____ Phone no.: **601-898-8875**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Mississippi Center for Nonprofits, Inc.	Employer identification number 58-2025957
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 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, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
 - e 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).
 - f 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
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	679,987.	330,221.	441,307.	349,323.	223,473.	2024311.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	679,987.	330,221.	441,307.	349,323.	223,473.	2024311.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2024311.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	679,987.	330,221.	441,307.	349,323.	223,473.	2024311.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81.	12,443.	21,068.	9,499.	24.	43,115.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,131.	9,547.	8,567.	9,120.	752.	36,117.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	420.	948.	1,262.	434.	75.	3,139.
11 Total support. Add lines 7 through 10						2106682.
12 Gross receipts from related activities, etc. (see instructions)					12	1,216,440.

13 **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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.09 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.70 %

16a **33 1/3% support test - 2009.** 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 ▶

b **33 1/3% support test - 2008.** 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 ▶

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 **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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

Mississippi Center for Nonprofits, Inc.

58-2025957

Organization type (check one):

Filers of:

Section:

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, aggregate 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 aggregate 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. ▶ \$ _____

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization Mississippi Center for Nonprofits, Inc.	Employer identification number 58-2025957
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Blue Cross Blue Shield PO Box 1043 Jackson, MS 39215	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Chisholm Foundation PO Box 2766 Laurel, MS 39442	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Entergy PO Box 61000 New Orleans, LA 701611000	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Maddox Foundation 1180 Commerce St. Hernando, MS 38632	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MS Bar Foundation PO Box 2168 Jackson, MS 392252312	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Regions Foundation PO Box 13906 Jackson, MS 39236	\$ 9,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Mississippi Center for Nonprofits, Inc.	Employer identification number 58-2025957
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Delta Regional Authority 236 Sharkey Ave, Suite 400 Clarksdal, MS 38614	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Knight Foundation 11975 Seaway Rd. #2046 Gulfport, MS 39503	\$ 106,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MS Power Foundation PO Box 4079 Gulfport, MS 39502	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Riley Foundation 4518 Poplar Springs Dr. Madions, MS 39305	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Wachovia Bank 188 E. Capitol Street Jackson, MS 39202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	MDLEY PO Box 3134 Cleveland, MS 38733	\$ 72,911.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Mississippi Center for Nonprofits, Inc. Employer identification number 58-2025957

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
1b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
1c	Total lobbying expenditures (add lines 1a and 1b)														
1d	Other exempt purpose expenditures														
1e	Total exempt purpose expenditures (add lines 1c and 1d)														
1f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	122,955.	140,315.	158,372.	421,642.
b	Lobbying ceiling amount (150% of line 2a, column(e))				632,463.
c	Total lobbying expenditures				
d	Grassroots nontaxable amount	30,739.	35,079.	39,593.	105,411.
e	Grassroots ceiling amount (150% of line 2d, column (e))				158,117.
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

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

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

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

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

Part IV Supplemental Information

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

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	Copier	041597	SL	5.00	16	3,600.			3,600.	3,600.		0.
9	Credit card terminal	070898	SL	5.00	16	775.			775.	773.		0.
10	5 Desktop PCs	021402	SL	5.00	16	4,729.			4,729.	4,729.		0.
11	File Server	021402	SL	5.00	16	2,645.			2,645.	2,645.		0.
12	IMIS computer	021502	SL	3.00	16	4,956.			4,956.	4,956.		0.
13	software Executive director office furniture	091702	SL	7.00	16	1,417.			1,417.	1,265.		152.
14	Computer	102904	SL	5.00	16	1,000.			1,000.	834.		166.
15	Projector	061405	SL	5.00	16	856.			856.	613.		171.
16	Laptop	031706	SL	5.00	16	1,539.			1,539.	846.		308.
17	Laptop - Gulfcoast	012807	SL	5.00	16	867.			867.	332.		173.
18	Projector - Gulfcoast	012807	SL	5.00	16	765.			765.	293.		153.
19	Computer Server	091107	SL	5.00	16	839.			839.	224.		168.
20	Projector	041607	SL	5.00	16	695.			695.	232.		139.
21	2 notebook computers	080907	SL	5.00	16	2,316.			2,316.	656.		463.
22	222 desktop computers	080907	SL	5.00	16	1,395.			1,395.	395.		279.
23	35 computers	041608	SL	5.00	16	2,719.			2,719.	363.		544.
	* Total 990-EZ Pg 1					31,113.		0.	31,113.	22,756.	0.	2,716.
	Depr											

Form 990-EZ	Other Expenses	Statement	1
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Description	Amount
Other Expenses	62,230.
Technology Expense	9,557.
Office Supplies	3,354.
Telephone	7,310.
Dues & Subscriptions	8,265.
Travel	17,022.
Food & Beverages	38,813.
Total to Form 990-EZ, line 16	146,551.

Form 990-EZ	Other Assets	Statement	2
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Description	Beg. of Year	End of Year
Prepaid Expense	4,314.	2,291.
Deposits	1,750.	1,750.
Other Assets	0.	563.
Accounts Receivable	35,490.	17,815.
Other Depreciable Assets	8,549.	5,984.
Total to Form 990-EZ, line 24	50,103.	28,403.

Form 990-EZ	Other Liabilities	Statement	3
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Description	Beg. of Year	End of Year
Accounts Payable	3,917.	1,977.
Accrued Vacation	6,596.	4,846.
Other Liabilities	0.	945.
Deferred Revenue	0.	101,975.
Total to Form 990-EZ, line 26	10,513.	109,743.

Form 990-EZ Occupancy, Rent, Utilities and Maintenance Statement 4

Description	Amount
Depreciation	2,716.
Other Expenses	29,155.
Total to Form 990-EZ, line 14	31,871.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 5

- A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Subsidize seminars and workshops on non-profit management and governance topics; including annual conference with 60 sessions and 173 attendants, with at least 59 other workshops attended by over 627 participants. Four mini-conferences with 6 sessions each and 184 attendants. attendees.

Community building and networking; promoting non-profit collaboration; building membership networks and relations; local visits with members and other non-profits; participation in local community, state-wide and national meetings. Also developed non-profit standards for operational excellence.

Operated a geographic-specific satellite office to provide programs and services to non-profits on the Gulf Coast most impacted by Hurricane Katrina.

Created the Economic Empowerment training series to assist non-profits in developing plans to address economic challenges, which included 4 workshops serving 23 participants.

Member benefit programs and advocacy, including subscriptions to Non-Profit World for 357 member organizations, negotiated discounts, and insurance programs, pro-bono legal services, and other issues affecting non-profit organizations.

Informational, referral and technical assistance services including maintaining a MS non-profit database with over 12,500 records, resource library, web site, news letters, mailings, telephone assistance, consulting and workshop contracts.

The Mississippi Center for Nonprofits is the state's only nonprofit center. Our mission is to strengthen the capacity of nonprofits to serve the people and communities of Mississippi. For the thousands of nonprofit organizations across the state, the Center is the primary source of management training, technical information, advice, answers, coaching and connection to vital resources.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2009

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning _____, and ending _____

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 162,140.</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Mississippi Center for Nonprofits, Inc.</p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. 921 North President Street, Ste C</p> <p>City or town, state, and ZIP code Jackson, MS 39202</p> <p>F Group exemption number (See instructions for Block F.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 58-2025957</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) 524298</p>
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H Describe the organization's primary unrelated business activity. ▶ **See Statement 10**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **MS Center for Nonprofits, Inc.** Telephone number ▶ **601-968-0061**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) Statement 11	12	6,699.	6,699.
13 Total. Combine lines 3 through 12	13	6,699.	6,699.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		3,775.
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		340.
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) See Statement 12	28		1,812.
29 Total deductions. Add lines 14 through 28	29		5,927.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		772.
31 Net operating loss deduction (limited to the amount on line 30)	31		20.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		752.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a

b Other credits (see instructions) 40b

c General business credit. Attach Form 3800 40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d

e Total credits. Add lines 40a through 40d 40e

41 Subtract line 40e from line 39 41 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 0.

44a Payments: A 2008 overpayment credited to 2009 44a

b 2009 estimated tax payments 44b

c Tax deposited with Form 8868 44c

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

e Backup withholding (see instructions) 44e

f Other credits and payments: Form 2439 Form 4136 Other Total 44f

45 Total payments. Add lines 44a through 44f 45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.

49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

Table with 8 rows and 4 columns: Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date

Executive Director Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer's Use Only section containing Preparer's signature, Date (11/06/10), Check if self-employed, Preparer's SSN or PTIN (P00294610), Firm's name (Matthews Cutrer & Lindsay, PA), address (599 C Steed Rd, Ridgeland, MS 39157), EIN (64-0897081), and Phone no. (601-898-8875).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 10
------------	---	--------------

Income from promoting products endorsed by the Center for other nonprofits.

To Form 990-T, Page 1

Form 990-T	Other Income	Statement 11
------------	--------------	--------------

Description	Amount
Promotional income endorsing products to other nonprofits	6,699.
Total to Form 990-T, Page 1, line 12	6,699.

Form 990-T	Other Deductions	Statement 12
------------	------------------	--------------

Description	Amount
Postage	100.
Supplies	80.
Fringe benefits	1,132.
Printing	300.
MS State License	200.
Total to Form 990-T, Page 1, line 28	1,812.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Mississippi Center for Nonprofits, Inc.	Employer identification number 58-2025957
	Number, street, and room or suite no. If a P.O. box, see instructions. 921 North President Street, Ste C	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Jackson, MS 39202	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MS Center for Nonprofits, Inc.

• The books are in the care of **921 N. President St. Suite C - Jackson, MS 39202**

Telephone No. **601-968-0061** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension

TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20____

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

Mississippi Center for Nonprofits, Inc.

58-2025957

Name and title of officer

Mark McCrary
Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>376334</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Matthews Cutrer & Lindsay, PA to enter my PIN 57480
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 64524357480
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/06/10

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

STATE COPY

Mississippi Corporate Income Tax Payment Voucher

Important Notice

This voucher must be filed when payment is due.
If filing electronically, submit form 83-106 with your payment.
Your payment may also be submitted electronically through the following methods:

- ACH Debit or Credit
- Credit Card or Electronic Check through www.officialpayments.com

See your software or preparer for additional information.

Payment Voucher

Photocopies or Duplex Forms NOT Acceptable

Tax Information

All taxpayers are encouraged to file their return electronically.

Mississippi allows Corporation, Composite S Corporation, Composite Partnership and Partnership returns to be filed electronically using an approved e-file tax preparer.

960421
03-30-10

DETACH HERE

Form 83-106-09-1-1-111 (Rev. 01/10)



Mississippi Corporate Income Tax Payment VOUCHER

CC

Federal Employer Identification Number

Fiscal Year Ending -

C Corporation

Composite S Corporation

Composite Partnership

Partnership

Total Amount of Payment

Name of Company Mississippi Center for Nonprofits, I		
Mailing Address (Number and Street, including Rural Route) 700 North Street, Ste 201		Contact Person Mark McCrary
City Jackson	State MS	ZIP 392023024
		Contact Person Phone 601-968-0061

Print Account Number on check.

Mail to: Office of Revenue
P.O. Box 23075
Jackson, MS 39225-3075

Officer Signature

Date



MS Mississippi Corporate Income and Franchise Tax Return CA 2009

For Fiscal Year Beginning and Ending

Name: Mississippi Center for Nonprofits, Inc. Telephone: 601-968-0061 FEIN: 58-2025957
Mailing Address: 700 North Street, Ste 201
City: Jackson State: MS ZIP + 4: 39202-3024 County Code: 25

FILING STATUS

Check All That Apply: Final Return, Short Year Return, Address Change, Growth and Prosperity (GAP)
Check One: 100% Mississippi, Multistate Apportioning, Multistate Direct Accounting
IRS Business Activity Code Number:

FRANCHISE AND INCOME TAX

Table with 10 rows for Franchise and Income Tax calculations. Includes Taxable Capital, Franchise Tax Due, Franchise Tax Credit, Net Franchise Tax Due, and Total Franchise and Income Tax Due.

PAYMENTS AND TAX DUE

Table with 10 rows for Payments and Tax Due. Includes Overpayments from Prior Year, Estimated Tax Payments, Total Payments, Balance Due, and Amount of Overpayment.

Please check this box if return may be discussed with preparer.
I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Officer Signature and Title Date 601-968-0061 Tax Department Phone

Paid Preparer Signature Date 599 C Steed Rd 11/08/10 Ridgeland, MS 39157 Paid Preparer Address

Paid Firm Identification Number 64-0897081 Paid Preparer Social Security Number or PTIN P00294609 601-898-8875 Preparer Phone

Form 83-105-09-5-2-111 (Rev. 05/09)



MS Mississippi Corporate Income and Franchise Tax Return 2009 CA

Corporate Information

1. DBA 2. County locations in Mississippi. HINDS
3. Principal business activity in Mississippi. Non Profit
4. Principal business activity everywhere. NON PROFIT
5. Principal product or service in Mississippi. Services-Membership
6. Principal product or service everywhere. SERVICES-MEMBERSHIP
7. Contact person for this return. Mark McCrary
8. Contact person's location and phone. 601-968-0061 JACKSON, MS
9. If final return, check reason and enter date effective:
Dissolving Mississippi Corporation
Withdrawing Non-Mississippi Corporation from State
Sold MS Assets
Merged
Other:

If you checked Sold or Merged, provide the following:

New company or owner's name and address

FEIN
Phone
Former owner's forwarding address
Phone

- 10a. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?
10b. Is this corporation the owner/member of a single member LLC doing business in Mississippi?
11. Has the corporation filed amended federal returns in the last three years?
12. Has the IRS made any changes to your taxable income in the last three years?
13. If Line 11 and/or Line 12 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS?

List of Officers - This Schedule MUST be Completed

Table with 4 columns: Name and Home Address, Social Security Number, Ownership Percentage, Salary. Rows include Paul Jones III, Leslee Linn, Lori Greer, and Ann Neal.

Mississippi Corporate Franchise Tax Schedule 2009

Instructions: Enter the applicable amounts from Book Balance Sheet at end of year for the Total Company. (Refer to Miss Code Ann. Section 27-13-9 and Miss Code Ann. Section 27-13-11 of the Franchise Tax Law.)

FEIN 58-2025957

Capital Base

	Round All Amounts to the Nearest Dollar	
1. Capital Stock	1.	
2. Paid in Capital	2.	
3. Surplus and Retained Earnings	3.	52,397
4. Includable loans from shareholder or affiliates	4.	
5. Deferred taxes, deferred gains, contingent liabilities, all true reserves, and other elements: (List) _____	5.	
6. Treasury stock	6.	
7. Add adjustments to retained earnings caused by repurchase of stock with borrowed funds	7.	
8. Holding company exclusion (Must Attach Computation Schedule)	8.	
9. Total Capital Base (Add Lines 1 through 8)	9.	52,397

If 100% Mississippi, skip to Line 14. If Multistate, complete Lines 10, 11, 12 and 13.

Apportionment Ratio

NOTE: Multistate Taxpayers - All franchise tax returns will include the taxpayer's portion of any flow-through entity's real property, tangible personal property and gross receipts in the calculation of the franchise tax apportionment ratio. In addition, the taxpayer shall include in its assessed value of Mississippi property its portion of assessed value of the Mississippi property owned by any flow-through entity. Supporting schedules must be attached to the return showing the amounts and sources of these additions to the factors. Those taxpayers whose income tax ratio does not include a sales or receipts ratio must continue to use the income tax ratio to calculate the Mississippi receipts in the franchise apportionment formula. See Miss Code Ann. Section 27-13-13 of the Franchise Tax Law.

	Column A (Mississippi)	Column B (Everywhere)
10. Real & Tangible Personal Property Owned At Year End (Net Book Value)		
11. Gross Receipts (See Note Above)		
12. Total (Add Lines 10 and 11)		
13. Ratio (Line 12, Column A divided by Line 12, Column B) Show as a Percent - Carry to 4 decimal places		%
14. Taxable Capital Apportioned to Mississippi (If 100% Mississippi, enter amount from Line 9. If Multistate multiply Line 9 by Line 13)		52,397

Assessed Value of MS Property

	Mississippi Assessed Value Real Property	Mississippi Assessed Value Personal Property
County		
EXEMPT 501(C)(3) ENTITY		
EXEMPT FROM FRANCHISE TAX		

Taxable Capital

15. Total Assessed Value of Mississippi Property (See Instructions)	15.	
16. Taxable Capital (Enter the Larger of Line 14 or Line 15) If negative, enter zero.	16.	0
17. Except for initial return, if filing period is less than twelve months, multiply line 16 by number of months covered by the return and divide result by twelve; or enter amount from line 16.	17.	
18. Round amount on Line 17 UP to next highest \$1,000. (Example - if amount on Line 17 was \$1,038,222, enter \$1,039,000)	18.	
19. Franchise Tax Due (\$2.50 per \$1,000 on Line 18. Minimum \$25.00 - Round UP to next higher dollar) (Carry amount to: C-Corporation Form 83-105, Page 1, Line 2a; or S-Corporation Form 85-105, Page 1, Line 2, Form 83-105, Page 1, Line 2; on Form 85-105, Page 1, Line 2)	19.	0

Mississippi Balance Sheets Per Books

FEIN
58-2025957

Schedule L - Balance Sheets (Federal Schedule May Be Substituted) YEAR **2009**

Assets	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(C) Amount	(D) Total
1. Cash		137,281		133,737
2. Trade Notes and Accounts Receivable	35,490		17,815	
Less: Allowance for Bad Debts	()	35,490	()	17,815
3. Inventories				
4. U. S. Government Obligations				
5. Tax-Exempt Securities				
6. Other Current Assets (Must Attach Schedule)				
7. Loans to Stockholders				
8. Mortgage and Real Estate Loans				
9. Other Investments (Must Attach Schedule)				
10. Buildings and Other Fixed Depreciable Assets	31,113		31,113	
Less: Accumulated Depreciation	(22,564)	8,549	(25,129)	5,984
11. Depletable Assets				
Less: Accumulated Depletion	()		()	
12. Land (Net of any Amortization)				
13. Intangible Assets (Amortizable Only)				
Less: Accumulated Amortization	()		()	
14. Other Assets (Must Attach Schedule)	stmt 1	6,064		4,604
15. Total Assets		187,384		162,140
Liabilities and Stockholders' Equity				
16. Accounts Payable		3,917		1,977
17. Mortgages, Notes, Bonds Payable in less than 1 Year				
18. Other Current Liabilities (Must Attach Schedule)				
19. Loans from Stockholders				
20. Mortgages, Notes, Bonds Payable in 1 Year or more				
21. Other Liabilities (Must Attach Schedule)	stmt 2			107,766
22. Capital Stock (a) Preferred Stock (b) Common Stock				
23. Paid-in or Capital Surplus				
24. Retained Earnings - Appropriated (Must Attach Schedule)				
25. Retained Earnings - Unappropriated		176,871		52,397
26. Adjustments to Shareholders' Equity (Must Attach Schedule)				
27. Less: Cost of Treasury Stock		()		()
28. Total Liabilities and Stockholders' Equity		180,788		162,140

Schedule M-1 - Reconciliation of Income per Books with Federal Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - See instructions

1. Net Income (Loss) per Books	-124,474	7. Income Recorded on Books this Year not Included in this Return (Itemize)	
2. Federal Income Tax per Books		Tax Exempt Interest \$ _____	
3. Excess of Capital Losses over Capital Gains			
4. Income Subject to Tax not Recorded on Books this Year (Itemize)			
5. Expenses Recorded on Books this Year not Deducted in this Return (Itemize)		8. Deductions Recorded on this Tax Return not charged against Book Income this Year (Itemize)	
(a) Depreciation \$ _____		(a) Depreciation \$ _____	
(b) Depletion \$ _____		(b) Charitable Contributions \$ _____	
6. Total of Lines 1 through 5	-124,474	9. Total of Lines 7 and 8	
		10. Income (Line 6 minus Line 9)	-124,474

Schedule M-2 - Analysis of Unappropriated Retained Earnings per Books (S-Corp Attach Federal Form 1120S-Schedule L, M1, M2)

1. Balance at Beginning of Year	176,871	5. Distributions (a) Cash	
2. Net Income (Loss) per Books	-124,474	(b) Stock	
3. Other Increases (Itemize) _____		(c) Property	
_____		6. Other Decreases (Itemize) _____	
_____		7. Total of Lines 5 and 6	
4. Total of Lines 1, 2, and 3	52,397	8. Balance at End of Year (Line 4 minus Line 7)	52,397

MS 83-120	Other Assets	Statement 1	
Description		Beginning of Tax Year	End of Tax Year
Prepaid Expense		4,314.	2,291.
Deposits		1,750.	1,750.
Other Assets		0.	563.
Total to 83-120, Schedule L, line 14		6,064.	4,604.

MS 83-120	Other Liabilities	Statement 2	
Description		Beginning of Tax Year	End of Tax Year
Accrued Vacation		0.	4,846.
Other Liabilities		0.	945.
Deferred Revenue		0.	101,975.
Total to 83-120, Schedule L, line 21		0.	107,766.

Mississippi Computation of Net Taxable Income Schedule 2009

FEIN 58-2025957

A corporation **must attach a copy of its Federal return** and use Federal net income as a beginning point for computing its net taxable income for Mississippi tax purposes, unless it is a multistate entity whose sole activity in Mississippi is from either the business of construction contracting or the production of mineral or natural resources. If so, skip to line 13. All other multistate entities must also complete Form 83-125.

Round All Amounts to the Nearest Dollar

1. Taxable Income (Loss) before Net Operating Loss and Special Deduction per Federal Form 1120	
State Additions to Income	
2a. State, Local, or Foreign Government Taxes Based on Income	
2b. Interest on Obligations of Other States or Political Subdivisions (Net of Expenses)	
2c. Depletion Expense in Excess of Cost	
2d. Federal Capital Loss Carryover Deduction	
2e. Federal Special Depreciation Allowance (See Instructions)	
2f. Other Additions Required by Law (Must Attach Schedule of Computations)	
3. Total Additions (Add Lines 2a through 2f)	
State Deductions from Income	
4a. Interest on Obligations of the United States (Net of Expenses)	
4b. Wages Reduced on Federal Return for Federal Employment Tax Credits	
4c. Income (Loss) From a Partnership, S Corporation, or Trust	
4d. Income (Loss) (Net of Expenses) From Construction Contracting or Production of Natural and/or Mineral Resource Products (See Instructions)	
4e. Additional Depreciation Due to a Difference in the Depreciable Base for Federal and State Purposes (See Instructions)	
4f. Other Deductions (See Instructions and Must Attach Schedule of Computations)	
5. Total Deductions (Add Lines 4a through 4f)	
Apportionment/Allocation	
6. Adjusted Federal Form 1120 Income (Loss) (Line 1 plus Line 3 minus Line 5)	
If 100% Mississippi, Enter on Line 10 the amount reported on Line 6	
7. Adjustment for Nonbusiness Income (Loss) Net of Expense (Must Attach Nonbusiness Income Schedule Form 83-150)	
8. Apportionable Business Income (Loss) (Line 6 minus Line 7)	
9. Apportionment Ratio (From Appropriate Line of Form 83-125, Part II)	%
10. Mississippi Apportioned Income (Loss) (Multiply Line 8 by Line 9)	
11. Nonbusiness Income (Loss) Allocated to Mississippi (Must Attach Nonbusiness Income Schedule Form 83-150)	
12. Mississippi Income (Loss) From a Partnership, S Corporation, or Trust (Must Attach MS K-1s)	
13. MS Income (Loss) (Net of Expenses) From Construction Contracting or Production of Natural and/or Mineral Resource Products (Form 83-124 Line 31 of page 1 and/or line 15 of page 2)	772
14. Adjustments Related to Mississippi Tax Credits Claimed (See General Instructions)	
15. Mississippi Capital Loss Carryover/Carryback Deduction (Must Attach Form 83-155 and Schedule of Computations)	0
16. Other Adjustments (See Instructions and Must Attach a Schedule of Computations)	
Taxable Income	
17. Income (Loss) Apportioned and Allocated to Mississippi (Sum Lines 10 Through 16)	772
18. Less Mississippi Net Operating Loss Deduction (Form 83-155 Must be Attached)	20
19. Net Taxable Income (Loss) for Mississippi (Line 17 minus Line 18) Enter on Form 83-105, Page 1, Line 4 if filing on a separate company basis. Enter on Form 83-310 if filing on a Combined Return Basis.	752

Mississippi Direct Accounting Income Statement 2009

Only multistate construction contractors, producers of mineral or natural resource products, taxpayers receiving written authorization, and taxpayers explicitly required by the Commissioner will use a direct accounting method. Multistate construction contractors complete page 2 of this form. General instructions for this page are provided on page 2 of this form. Corporations, S corporations and partnerships that apportioned or allocated 100% of their income to Mississippi DO NOT USE THIS FORM.

Name MISSISSIPPI CENTER FOR NONPROFITS, INC.	FEIN 58-2025957
Income	

Round All Amounts to the Nearest Dollar

1. Gross Receipts or Sales: \$ <u>6,699</u>	Less: Returns and allowances: \$ _____	1.	6,699
2. Cost of goods sold and/or operations (Must Attach Schedule of Computations)			2.
3. Gross Profit (Line 1 less Line 2)			6,699
4. Dividends (Must Attach Schedule or Listing)			4.
5. Interest			5.
6. Gross Rents			6.
7. Gross Royalties			7.
8. Allocable Capital Gain (Must Attach Schedule or Listing)			8.
9. Allocable Net Gain (Loss) (Must Attach Schedule or Listing)			9.
10. Other Income (Loss) (Must Attach Schedule or Listing)			10.
11. TOTAL INCOME - (Add Lines 3 through 10)			6,699

Deductions

12. Compensation of Officers		12.	
13. Salaries and Wages		13.	3,775
14. Repairs		14.	
15. Bad Debts		15.	
16. Rents		16.	
17. Taxes (Must Attach List)		17.	340
18. Interest		18.	
19. Contributions		19.	
20 a. Total Depreciation (Bonus Depreciation is not allowable)	\$ _____	20a.	
20 b. Depreciation Claimed elsewhere on return	\$ _____	20b.	
21. Balance of Depreciation claimed here (Line 20a minus Line 20b)			21.
22. Depletion			22.
23. Advertising			23.
24. Pension, Profit-Sharing, Plans, etc.			24.
25. Employee Benefit Programs			1,132
26. Other Deductions (Must Attach Schedule or Listing)			680
27. TOTAL DEDUCTIONS (Add Lines 12 through 26)			5,927

Net Income

28. NET DIRECT INCOME (LOSS) (Line 11 minus Line 27)		28.	772
29. Non-allocable business income (loss), including ordinary/capital gains, apportioned to this state using a sales/sales ratio (Must Attach Schedule of Computations)			29.
30. Non-allocable general and administrative expense apportioned to Mississippi using a sales to sales ratio (Must Attach Schedule of Computations)			30.
31. NET INCOME (LOSS) (Line 28 plus Line 29, minus Line 30) Enter here and C-Corp - Form 83-122, Line 13; S-Corp Form 85-122, Line 16; Partnerships Form 86-122, Line 16.			772

Mississippi Corporate NOL & Capital Loss Worksheet 2009

Name of Corporation MISSISSIPPI CENTER FOR NONPROFITS, INC.	FEIN 58-2025957
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IMPORTANT: Your Federal Election is not an acceptable substitute for this return. For information concerning NOLs, see instruction booklet and Miss Code Ann. Section 27-7-17(1)(l). *

- Taxpayer hereby makes an irrevocable election to carryback the current year's NOL.
 Taxpayer hereby makes an irrevocable election to carryforward the current year's NOL.
(If no box is checked or if this election is not made by the due date, including extensions of time, you MUST carry back this year's NOL.)

A	B*	C		D	E (Add B+C+D)		F	G	H (Add E+F+G)		I Exp. Date
		Carryover Used**	Carryback Used**	MS Inc (Loss) After Prior Years NOL Adj.	Carryover Used**	Carryback Used**	MS Inc (Loss) After Current Year NOL Adj.				
20th										0	
19th										0	
18th										0	
17th										0	
16th										0	
15th										0	
14th										0	
13th										0	
12th										0	
11th										0	
10th										0	
9th										0	
8th										0	
7th										0	
6th										0	
5th										0	
4th										0	
3rd										0	
2nd									0		
1st 12/08	-20	0	0	-20	20					0	12/28
Subtotal	-20	0	0	-20	-20						
Current Year	772	-0-	-0-	772	-20					752	
TOTAL					-0-	-0-				0	
NOL Expired (Enter as positive number)										0	
Carryover to next year										(0)

Net Capital Loss		Prior Year		Current Year		Next Year
Preceding Tax Year	Net Capital Gain/(Loss)	Loss Utilized or C/B (Gains Offset)	Capital Loss Carryover	Carryovers Utilized	Gain Offset By Carryback	Capital Loss Carryover
5th						
4th						
3rd						
2nd						
1st						
Capital Loss Carryover Available to Current Year						
Current Year						
Capital Loss Carryover Available to Next Year						

* Do not include a deduction for NOL carryovers or carrybacks in this column. Include all other amendments or audit changes.
 ** Enter the NOLs used as positive numbers. Enter the income offset as negative numbers. Columns C and D total to zero in most cases. Exceptions are only if (1) carrybacks in Col D were previously carried back to years not in this worksheet or (2) carryovers from years not in this worksheet were used to adjust amounts in Col C.

MS 83-124

Direct Accounting - Other Deductions

Statement 3

Description

Amount

Postage
Supplies
Printing
License

100.
80.
300.
200.

Total to Form 83-124, line 26

680.

Mississippi Federal Return Data Schedule 2009

NAME MISSISSIPPI CENTER FOR NONPROFITS, INC.	FEIN 58-2025957
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From Federal Form 1120, Page 1; or Form 1120S, Page 1:

Line #	Description	Round All Amounts to the Nearest Dollar
Form 1120	Fm 1120S	
1c	1c Gross receipts or sales net of returns and allowances	
4	5a, (Sch K) Dividend Income	
10	5 Other income (loss)	
11	6 Total income (loss)	
18	13 Interest expense	
26	19 Other deductions	
27	20 Total deductions	

From Schedule L (Balance Sheet)

Line Number	Description	Round All Amounts to the Nearest Dollar
3 Col D	Inventories	
9 Col D	Other investments	
10 Col B	Net buildings & other fixed depreciable assets-beginning	8,549
10 Col D	Net buildings & other fixed depreciable assets-ending	5,984
14 Col D	Other assets	4,604
15 Col D	Total assets	162,140
19 Col D	Loans from shareholders	
20 Col D	Mortgages, notes, bonds payable in 1 year or more	
21 Col D	Other liabilities	107,766

From Schedule M-1 (C-Corporations Only)

Line #	Description	Round All Amounts to the Nearest Dollar
3	Excess of capital losses over capital gains	