See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 $1,000,000 and total assets less than $2,500,000 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.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning NOV 1, 2008 and ending OCT 31, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
MISSISSIPPI HUMANITIES COUNCIL, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3825 RIDGEWOOD ROAD 311

City or town, state or country, and ZIP + 4
JACKSON, MS 39211

D Employer identification number
64-0561264

E Telephone number
(601)432-6752

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I **Website:** ▶ WWW.MSHUMANITIES.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one)— ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 766,134.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	746,272.
	2	Program service revenue including government fees and contracts		2	13,690.
	3	Membership dues and assessments		3	
	4	Investment income		4	585.
	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) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	2,589.	
	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	2,589.
	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 ▶ EXPENSE REIMBURSEMENTS)		8	2,998.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	766,134.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5		10	50,641.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	306,734.
	13	Professional fees and other payments to independent contractors		13	244,472.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 4		14	9,822.
	15	Printing, publications, postage, and shipping		15	5,480.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	136,722.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	753,871.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,263.
	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	398,850.
	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	411,113.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 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	348,593.	22	276,782.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	165,131.	24	239,523.
25	**Total assets**	513,724.	25	516,305.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	114,874.	26	105,192.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	398,850.	27	411,113.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 8

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, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 THE MAJOR PROGRAM SERVICE ACTIVITY CONSISTS OF REGRANTS AWARDS TO INSTITUTIONS AND NONPROFITS TO HOLD EDUCATION FORUMS DEALING WITH HUMANITIES. # CLIENTS SERVED: 37

(Grants $ 50,641.) If this amount includes foreign grants, check here ▶ ☐ 28a 108,410.

29 WE THE PEOPLE PROJECTS IS A SPECIAL INITIATIVE RELATING TO PROGRAMS IN TRADITIONAL AMERICAN HISTORY. # OF CLIENTS SERVED: 450,000

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 29a 98,320.

30 ORAL HISTORY PROJECT CIRCULATES KIOSKS TO CAPTURE ORAL HISTORIES AT LIBRARIES, CONFERENCES AND OTHER VENUES. # OF CLIENTS SERVED: 20,380

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 30a 140,937.

31 Other program services (attach schedule) SEE STATEMENT 9

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a 277,052.

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 624,719.

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
SEE STATEMENT 7		85,000.	14,748.	

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

			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	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		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 your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		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?	37b		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 unpaid at the start of the period covered by this return?	38a		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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	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	40e		X

41 List the states with which a copy of this return is filed. ▶ MS

42a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (601)432-6752

Located at ▶ 3825 RIDGEWOOD ROAD, JACKSON, MS ZIP + 4 ▶ 39211

			Yes	No
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)?	42b		X
	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.?	42c		X
	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

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

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

51 Complete this table for the 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
USM CENTER FOR ORAL HISTORY AND CULTURAL HERITAGE 118 COLLEGE DRIVE #5175, HATTIESBURG, MS 39406	PRODUCTION OF ORAL HISTORI	110,068.
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

▶ Barbara Carpenter — Signature of officer — Date 5-27-10

▶ Barbara Carpenter Executive Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.)
M. Susan Phillips, CPA	5-26-10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARR, RIGGS & INGRAM, LLC
P. O. BOX 2418
RIDGELAND, MS 39158-2418

EIN ▶

Phone no. ▶ 601-853-7050

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
MISSISSIPPI HUMANITIES COUNCIL, INC.	64-0561264

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: (Please check only **one** organization.)

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).** (Attach Schedule H)

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 the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports.

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	639,714.	803,458.	856,754.	784,841.	746,272.	3,831,039.
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	23,184.	23,814.	27,054.	27,000.	27,000.	128,052.
4 **Total.** Add lines 1 - 3	662,898.	827,272.	883,808.	811,841.	773,272.	3,959,091.
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)						0.
6 **Public Support.** Subtract line 5 from line 4						3,959,091.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	662,898.	827,272.	883,808.	811,841.	773,272.	3,959,091.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	436.	723.	1,069.	901.	585.	3,714.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				4,352.	2,589.	6,941.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1,152.	2,998.	4,150.
11 **Total support.** Add lines 7 through 10						3,973,896.
12 Gross receipts from related activities, etc. (see instructions)					12	58,940.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	99.63 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.92 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 - 2007.** 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

MISSISSIPPI HUMANITIES COUNCIL, INC.

Employer identification number

64-0561264

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

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

		(a) Event #1 SILENT AUCTION (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col. (c))
Revenue	1 Gross receipts	2,589.			2,589.
	2 Less: Charitable contributions	0.			
	3 Gross revenue (line 1 minus line 2)	2,589.			2,589.
Direct Expenses	4 Cash prizes	0.			
	5 Non-cash prizes	0.			
	6 Rent/facility costs	0.			
	7 Other direct expenses	0.			
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				( )
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				2,589.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶ _____				
Address ▶ _____				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address:				
Name ▶ _____				
Address ▶ _____				
16 Gaming manager information:				
Name ▶ _____				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶ _____				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
TRAVEL	33,459.
MEALS	17,945.
SUPPLIES	14,242.
PROMOTION	1,495.
EQUIPMENT RENTAL	5,486.
CONFERENCES	2,450.
STORAGE RENTAL	2,528.
BOOKS	6,860.
INSURANCE	4,432.
PRODUCTION COSTS	26,700.
PARTICIPATION FEES	9,000.
DUES	10,232.
MISCELLANEOUS	1,893.
TOTAL TO FORM 990-EZ, LINE 16	136,722.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANT RECEIVABLE	149,190.	224,051.
PREPAID EXPENSES	15,881.	15,472.
OTHER DEPRECIABLE ASSETS	60.	0.
TOTAL TO FORM 990-EZ, LINE 24	165,131.	239,523.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	55,840.	53,893.
GRANTS PAYABLE	59,034.	51,299.
TOTAL TO FORM 990-EZ, LINE 26	114,874.	105,192.

'ORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 4

)ESCRIPTION	AMOUNT
)EPRECIATION	60.
)THER EXPENSES	9,762.
'OTAL TO FORM 990-EZ, LINE 14	9,822.

'ORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 5

:LASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
IUMANITIES GRANT AWARDS	NONE	50,641.
SEE ATTACHMENT)		
SEE ATTACHMENT)		
:OTAL INCLUDED ON FORM 990-EZ, LINE 10		50,641.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

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

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROD A. RISLEY, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	CHAIR/BOARD MEMBER 2.00	0.	0.	0.
DR. DAVID L. BECKLEY, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. LUTHER P. BROWN, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. THOMAS EASTERLING, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
CARLA C. FALKNER, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. E. HAROLD FISHER, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	TREASURER/BOARD MEMBER 2.00	0.	0.	0.
RICKI R. GARRETT, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. JEANNE GILLESPIE, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
MELODY GOLDING, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. PRESTON HUGHES, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. CANDICE LOVE JACKSON, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
BETTY LOU JONES, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. HILLIARD L. LACKEY, III, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. WILLIS LOTT, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.

DOROTHY ROBERTS MCEWEN, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. GEORGE T. MITCHELL, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. ANDREW P. MULLINS, JR., 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DIX NORD, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
PAMELA PRIDGEN, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	SECRETARY/BOARD MEMBER 2.00	0.	0.	0.
DR. W. CHARLES SALLIS, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	VICE CHAIR/BOARD MEMBER 2.00	0.	0.	0.
ALEX T. THOMAS, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. WILLIAM LEWIS, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	BOARD MEMBER 2.00	0.	0.	0.
DR. BARBARA CARPENTER, 3825 RIDGEWOOD ROAD, JACKSON, MS 39211	EXECUTIVE DIRECTOR 40.00	85,000.	14,748.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		85,000.	14,748.	0.

PROMOTE HUMANITIES IN MISSISSIPPI PUBLIC LIFE.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION	GRANTS	EXPENSES
OTHER HUMANITIES PROJECTS: LECTURES, AWARDS DINNER, SPEAKERS BUREAU, HUMANITIES TEACHER AWARDS, TRAVELING EXHIBITS,AND LITERACY PROGRAMS.	0.	277,052.
TOTAL TO FORM 990-EZ, LINE 31		277,052.

Mississippi Humanities Council, Inc.
Form 990-EZ
FYE 10-31-09

Line 35 – Unrelated business income

Schedule explaining why the following income is not reported on Form 990-T:

Line 2: Program service revenue consists of annual awards dinner income:

The awards dinner honors persons and educators who have made significant contributions to public humanities programming and teaching in the state.

Line 6a: Special events and activities:

This income is from an activity that is not regularly carried on.

Line 8: Other income:

Consists of expense reimbursements received for board lunches, travel, etc.

Mississippi Humanities Council

FORM 990-EZ

LINE 10- GRANTS AND SIMILAR AMTS. PAID

GRANT#	SPONSOR	TITLE OF GRANT/PROJECT	AMOUNT AWARDED
MSOH08-10-093	William Winter Institute for Racial Reconciliation	Fiftieth Anniversary Wade-In Commemoration	3,500.00
MSOH08-10-094	Mary C. O'Keefe Cultural Center of Arts & Education	Ocean Springs Oral History Project	2,000.00
MSOH09-10-095	B.B. King Museum & Delta Interpretive Center	Delta Memories: A Collective Memoir	2,987.00
MSOH09-10-096	Bolivar County Library System	Changing Times. The Transformation of Bolivar County Through the 20th Century	1,200.00
MSOH09-10-097	Attala Historical Society	Community Claiming: Documenting Life of Kosciusko's L.V. Hull	1,500.00
RG08-08-042	Copiah-Lincoln Community College/Natchez	Southern Women Writers--Saluting the Eudora Welty Centennial: The 20th Natchez Literary & Cinema Celebration	1,400.00
RG08-08-043	The University of Mississippi	Sixteenth Oxford Conference for the Book	1,400.00
RG08-08-044	Millsaps College Department of English	Welty Centennial/Southern Literary Festival	1,400 00
RG08-08-045	Ohr-O'Keefe Museum of Art	Native Guards Symposium	2,000.00
RG08-08-046	University of Mississippi-Dept. of Public Policy	Ethics at the End of Life	1,994.00
RG08-08-047	Mississippi Department of Archives and History	History Is Lunch Presenters	2,000.00
RG09-08-048	Northeast Mississippi Community College	Is the American Dream Sustainable?	641.25
RG09-08-049	Southern Women's Institute	The Literary and Intellectual Influence of the Mississippi Industrial Institute and College	598.00
RG09-08-050	Mississippi Historical Society	Mississippi History Now	750.00
RG09-08-051	Clinton Branch of the Jackson-Hinds Library System	Journey Stories	Cancelled
RG09-08-052	Sons of Confederate Veterans Camp #265	Holt Collier: His Life, His Roosevelt Hunts and the Origin of the Teddy Bear	1,200.00
RG09-08-053	Symphony Society of Itawamba County	Education Concert	1,200.00
RG09-08-054	Rust College	Ida B Wells Symposium	1,200.00
RG09-08-055	Manship House Museum	Old Jackson: The Way We Once Lived	2,500.00
RG09-08-056	Historic Natchez Foundation	Journey Stories Speaker Series	1,200.00
RG09-08-057	First Regional Library System	Journey Stories	1,200.00

GRANT#	SPONSOR	TITLE OF GRANT/PROJECT	AMOUNT AWARDED
RG09-08-058	McComb City Railroad Depot Museum, Inc.	Smithsonian Traveling Exhibit: Journey Stories	1,200.00
RG09-08-059	Mississippi Archaeological Association	Mississippi Archaeological Month	3,000.00
RG09-08-060	Mississippi Museum of Art	Unburied Treasures: Welcome to the Collection	3,000.00
RG09-08-061	University of Southern Mississippi	Group for International Fairy Tales Studies International Conference	3,000.00
RG09-08-062	The University of Southern Mississippi	Charting New Courses in the History of Slavery and Emancipation	2,200.00
RG09-08-063	Coahoma Community College	17th Annual Mississippi Delta Tennessee Williams Festival	3,000.00
RG09-08-064	Mississippi Heritage Trust	Traveling Exhibit of Mississippi's 10 Most Endangered Historic Places for 2009	3,000.00
RG09-08-065	MUW Southern Women's Institute	Tennessee Williams Tribute Scholars' Panel	1,100.00
RG09-08-066	Mississippi University for Women	Mississippi University for Women International Series (Film Component), Focus on China,	545.00
RG09-08-067	Mississippi Department of Archives and History	History Is Lunch Presents Teddy Roosevelt	250.00
RG09-08-068	Copiah County Board of Supervisors	Copiah County Journey Stories Exhibition	1,500.00
RG09-08-069	Lewis and Clark Trail Heritage Foundation 2009	Meriwether Lewis, The Final Journey	1,250.00
RG09-08-070	University of Southern Mississippi-School of Music	Chopin Lecture	1,100.00
RG09-08-071	The Brown Condor Association	The John C. Robinson Aviation History Lecture	1,250.00
RG09-08-072	Tau Upsilon Chapter of Pi Sigma Alpha-MVSU Dept. of Social Science	Borderlands of Society, Politics and Literature: Claire Harris and Hybridization as a Way of Knowing	1,250.00
RG09-08-073	Millsaps College	Southern Circuit Film Series	1,250.00
		Subtotal	$ 59,765.25
		Less Grant Funds Returned	(9,124.44)
		Total	**$ 50,640.81**