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Form 990

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)

OMB No 1545-0047 2009

Department of the Treasury

Inter	nal Rever	nue Service		<u>► TI</u>	ne organizatio	on may ha	ve to us	e a cop	y of this return	to sati	isty s	tate report	ing requiren	nents	<u> U</u>	pen to Pubi	iic inspection
	For the	2009 calend	dar year, d	or tax	year begii	nning				, 2009	9, aı	nd endin	g			,	
В	Check if	applicable			me of organi	zation						_		D Emplo	yer ide	ntification Nur	mber
		ress change	Please use IRS label	North MS Rural Legal Services 64-0581747													
	=	ne change	or print or type.	$\overline{}$	Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number												
	-	al return	See specific	Pos	t Offi	ce Bo	w 76	7						166	:21	234-873	31
	H		Instruc-	_			<u> </u>	, ,		State	. 7	IP code + 4		100	21	234 073	<u> </u>
	Ħ,	mination	tions.														
	Ame	ended return	<u> </u>		ford MS 38655 G Gross receipts \$ 2,959,900 ddress of principal officer H(a) Is this a group return for affiliates? Yes												
	L App	lication pending			ress of princip				_				l	a group retu Laffiliates inc		<u> </u>	Yes X No
		_				. Box	8404	<u> 4 Gr</u>	eenwood			<u> 38935</u>		attach a list			Yes No
<u>l</u>	Tax-	exempt statu	s X 501	(c) (3)•	 (insert 	no)		4947(a)(1	or (527					
J	Web	site: ► N/	Α										H(c) Group	exemption r	number	•	
K	Form (of organization	X Corpora	ation	Trust	Associ	ation	Oth	er►	<u> L</u>	. Yea	ır of Forma	tion_197	6 M	State c	of legal domicile	e MS
Pa	ırt I	Summa	ary									-					
·	1 8	Briefly describ		anıza	lion's miss	sion or n	nost si	gnific	ant activities	L	eg	al se	rvices	to the	he 1	underpr	ivileged
d)]	-	_							_							
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\$	-																
%	2 (Check this bo	x ►	of the	organizati	on disco	ntinue	 d its ∈	operations o	r disp	ose	d of mor	e than 25	% of its a	ssets	 3.	
എ്		Number of vo								·					3		
တို့	4 1	Number of inc	dependen	t votin	g member	s of the	gover	ning b	ody (Part V	l, line	1b))			4		
JUN 0.3 2010 Activities & Governance	5 7	Fotal number	of employ	yees (Part V, Iın	e 2a)									5	49	
₩		Total number													6	0	
4		Total gross u								12					7		0.
	l d	Net unrelated	business	taxab	le income	from Fo	orm 99	0-T, I	ine 34					<u> </u>	7	<u>b</u>	
SCANNED													F	rior Year	r	Cun	rent Year
Z	8 (Contributions	and gran	ts (Pa	rt VIII, line	e 1h)							2	2,624,	960	. 2,	928,973.
€.		Program serv															
. 8		nvestment in				-	3, 4,	and 7	'd)					13,	431		4,594.
THE STATE OF	11 (Other revenue	e (Part VI	II, colu	ımn (A), li	nes 5, 6	d, 8c,	9c, 1	0c, and 11e))				6,	643		26,333.
⊌0		Total revenue	-								ne 1	12)	2	2,645,			959,900.
		Grants and si										-					
	,	Benefits paid															
	15 8	Salaries, othe	ercomper			e henef	ıtd (Pa	rt IX	column (A)	lines	5-1	0)		L,954,	444	2.	148,152.
96		Professional				—	,					٠,	<u>-</u>	., 331,			110,1021
Expenses			1 / 3 1			1 / /	~ I					_	-			+	
꿃		Total fundrais	1 4				•					0.					
		Other expens											1	L,152,	<u>171</u>		958,465.
	18	Total expense Revenue less	Ada n	resm8	must	equal P	art IX,	colu	mn (A), line	25)			3	3,106,	<u>615</u>	. 3,	106,617.
	19 F	Revenue less	expense:	¥Stub	rabbline	18 from	line 12	2						-461,	581		-146,717.
		-											Begi	nning of '	Year	Enc	d of Year
: Assets or d Balances	20	Total assets (Part X. Iu	ne 16)										L,015,			841,727.
A B	1	Total liabilitie	•									·		245,			218,135.
Z Set			•		•	luna 21 fi		. 20						770,			623,592.
D	rt II	Vet assets or	ure Blo		Subtract	iiile ZT ii	OIII III	le 20						770,	309	• 1	023, 392.
1 - 6																	
		Under penaltie true, correct, a	is of perjury, and complete	Declar Declar	e that I have ation of prepa	examined arer other	this retui than offi	rn, incl cer) is	uding accompan based on all info	ying sc ormatio	hedu n of	les and sta which prep	tements, and arer has any	to the best knowledge	of my i	knowledge and	i belief, it is
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Form 990 (2009) North MS Rural Legal Services	64-0581	747	Page 2
Part III Statement of Program Service Accomplishments			
Briefly describe the organization's mission			
Legal services to the underprivileged	- -		
2 Did the organization undertake any significant program services during the year which were not listed on t	he prior		
Form 990 or 990-EZ?	·	Yes	X No
If 'Yes,' describe these new services on Schedule O	_	_	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices?	Yes	X No
If 'Yes,' describe these changes on Schedule O			
4 Describe the exempt purpose achievements for each of the organization's three largest program services I and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses Se allocations to ot	ction 501 ners, the	(c)(3) total
expenses, and revenue, if any, for each program service reported.		,	
4a (Code) (Expenses \$ 2,575,551. including grants of \$ 52,000.)	(Revenue \$	3,08	1,916.)
The organization provided legal services to the underprivileged			
of the northern portion of the State of Mississippi. Eligible			
individuals with income below poverty level were program benefic	<u>ciaries du</u>	ring t	he year
			
	- <i></i>		
	- 		
~			
	.		
4b (Code) (Expenses \$ including grants of \$)	(Revenue \$)
		-	
	-		
	- -		
4c (Code) (Expenses \$ including grants of \$)	(Revenue \$)
	-		
			
	- 		-
			
			
			
4d Other program services. (Describe in Schedule O.)			
(Expenses \$ including grants of \$) (Revenue \$	\$)
4e Total program service expenses ► 2,575,551.			

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 X for public office? If 'Yes,' complete Schedule C, Part I Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 X Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 X reporting requirement and proxy tax? If Yes, complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D. 6 Х Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 Х complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 X X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III X 19

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

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Form 990 (2009) North MS Rural Legal Services

Part IV Checklist of Required Schedules (continued)

		l	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	ļ <u>. </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u> </u>
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u> x</u>
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30_		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_x_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				(0000)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 48 1 a Information Returns Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b n c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 49 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a X **b** 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 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е X benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? 9a X 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form **990** (2009)

64-0581747 Form 990 (2009) North MS Rural Legal Services Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. **Governing Body and Management** Section A. Yes No 1a Enter the number of voting members of the governing body . **b** Enter the number of voting members that are independent 1b 25

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents 4 Х since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a Х governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

evenue Code)		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	Х	
b if 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 ь	х	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	<u> </u>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	
13 Does the organization have a written whistleblower policy?	13		X
14 Does the organization have a written document retention and destruction policy?	14	Х	<u>L</u> .
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Х	
b Other officers of key employees of the organization	15 b	Х	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	e 16a		Х
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	n 16b		-
ection C. Disclosures			
17 List the states with which a copy of this Form 990 is required to be filed Utah			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	avaılable	for pu	olldi
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public.	olicy, and	fınand	ial
20 State the name, physical address, and telephone number of the person who possesses the books and records of the or ➤ Schenille Martin 05 CR 1014 Oxford MS 38655	ganization (662) 2		873:

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not	compens	ate an	у сі	ırrei	nt of	ficer,	direc	ctor, or trustee		
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	or director	anstitutional trustee	(checl	a key employee	a High est compensated employee	S	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Hon. Willie J. Perkins										
Chairperson	6.00			Х				0.	0.	0.
Ms. Katherine Weathersby Vice-Chairperson	6.00			х				0.	0.	0.
Hon. W. Larry Maxey Member	6.00	X						0.	0.	0.
Ms. Barbara Brooks Member	6.00	х						0.	0.	0.
Hon. Linda Coleman Member	6.00							0.	0.	0.
Hon. Robert E. Buck Member	6.00							0.	0.	0.
Mr. Clarence Chandler Member	6.00							0.	0.	0.
Hon. Sam M. Davis Member	6.00							0.	0.	0.
Hon. Steven E. Farese, Jr. Member	6.00							0.	0.	0.
Hon. Ava N. Jackson Member	6.00							0.	0.	0.
Debra McGee Member	6.00							0.	0.	0.
Mr. Robert Jamison Member	6.00							0.	0.	0.
Ms. Ethel Frazier Member	6.00	х						0.	0.	0.
Hon. Jim L. Collins Member	6.00	х						0.	0.	0.
Mr. Robert Mayes	6.00	х						0.	0.	0.
Hon. John Keith Perry, Jr. Member	6.00							0.	0.	0.
Hon. W.O. Sanders Member	6.00							0.	0.	0.
BAA				0107	• • •	110/00				Form 990 (2009)

Part VII Section A. Officers, Directors, Trus		(ey	En			es,	an			
(A)	(B) Average	Pos	ition (•	C) kallt	hat a	nnlv)	(D)	(E)	(F)
Name and Title	hours per week			Officer		employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Hon. Brian H. Neely										
Member	6.00	Х						0.	0.	0.
Mr. Sammy Sutton	_									
Member	6.00	X		<u> </u>	<u> </u>			0.	0.	0.
Hon. Randolph Walker		, ,							0	
Member	6.00	<u>*</u>	-	-		-		0.	0.	0.
Hon. J. Lane Greenlee Member	6.00	v						0.	0.	0.
Ms. Mildred Quarles	10.00	1	-	1		┢	├	0.		
Member	6.00	x						0.	0.	0.
Mildred LeSure	10.00	 	<u> </u>				\vdash			
Member	6.00	X	١		ļ			0.	0.	0.
Ben Cole										
Executive Director	40.00				х	<u> </u>		85,038.	0.	0.
Charlene Simpson										
Fiscal Manager	40.00			ļ	X	<u> </u>		60,660.	0.	_0.
	-									
	_									
	-									
	-									
1 b Total			•	•	•	•	>	145,698.	0.	0
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abov	/e) v	who	rece	eived more than \$	100,000 in reportab	le compensation
from the organization										
										Yes No
3 Did the organization list any former officer, director	or truste	e, k	еу е	empl	oye	e, o	r hıg	hest compensated	l employee	
on line 1a ⁷ If 'Yes,' complete Schedule J for such in				1			_ 44			3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	oortable nan \$150	com 0,000	ipen 32 <i>li</i>	ısatıı f 'Ye	on a	ına (omp	otne: olete	r compensation fro Schedule J for su	om ch	
individual	·	•				•				4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	fro uch	m ar	ny u son	nrel	ated	l organization for s	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent d	conti	racto	ors 1	that	received more tha	n \$100,000 of	
(A) Name and business addres	s							Description of	of Services	(C) Compensation
								-		
		_	_			_				
						_	_			
2 Total number of independent contractors (including	but not I	ımıte	ed to	tho	se I	ıste	d ab	ove) who received	more than	
\$100,000 in compensation from the organization										

Pai	t VIII Statement of Revenue				
ı I		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
NUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f Business Code				
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue g Total. Add lines 2a-2f	•			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	4,594.	0.	0.	4,594.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory	-			
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities	-			
	10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11a other income b c	26,333.	0.	0,	26,333.
	d All other revenue				
	e Total. Add lines 11a-11d	20/333.			
	12 Total revenue. See instructions	2,959,900.	0.	0.	30,927.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,557,233.	1,252,626.	304,607.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	590,919.	543,780.	47,139.	0.
10	Payroll taxes				
11	Fees for services (non-employees)	·			
a	Management				
t	L egal	11,705.	10,137.	1,568.	0.
(Accounting				
(1 Lobbying				
€	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
•) Other	1,841.	270.	1,571.	0.
12	Advertising and promotion	0.	0.	0.	0.
13	Office expenses	179,945.	150,810.	29,135.	0.
14	Information technology				
15	Royalties	100.000	4.5.4.65.4		
16	Occupancy	183,356.	154,371.	28,985.	0.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	39,752.	33,350.	6,402.	0.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,519.	0.	36,519.	0.
	Insurance	14,970.	1,511.	13,459.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
á	Services of Clients	168,298.	168,298.	0.	0.
i	Services to Program	51,359.	21,395.	29,964.	0.
•	:				
(1				
•	?				
1	All other expenses	270,720.	239,003.	31,717.	0.
_25		3,106,617.	2,575,551.	531,066.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

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Total liabilities and net assets/fund balances

Part X **Balance Sheet** (**B)** End of year (A) Beginning of year 48,327 1 167,122. Cash - non-interest-bearing 202,276 2 105,993. 2 Savings and temporary cash investments 12,778. Pledges and grants receivable, net 190,216. 3 4 9,766. 4 Accounts receivable, net 23,315. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 17,684. 9 15,845. 10a Land, buildings, and equipment cost or other basis 10a 1,765,400. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10Ь 10 c 514,764. 1,250,636 545,374. 11 Investments - publicly-traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,910. 1,910. 15 Other assets See Part IV, line 11 15 1,015,553. 841,727. Total assets Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 55,846. 61,263. 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 189,398. Other liabilities Complete Part X of Schedule D 25 156,872. 218,135. Total liabilities. Add lines 17 through 25 245,244. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Ο. 27 0. 27 Unrestricted net assets 770,309. 28 623,592. Temporarily restricted net assets 29 Permanently restricted net assets 29 P and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 770,309. 33 623,592. 33 Total net assets or fund balances

Form **990** (2009)

841,727.

1,015,553.

roim 990 (2009) NOICH MS Rural Legal Services	04-0301/4/		age 12
Part XI Financial Statements and Reporting			
	-	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O	ıın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single	x	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit	x	

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 **2009**

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

Employer identification number

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the	organization							Employer	identificat	ion number		
Nor	North MS Rural Legal Services 64-0581747 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions												
Part	I	Reason for Pul	blic Charity Statu	s (All organizations	must o	omple	te this	part.)	See ii	nstructi	ons		
The o	The organization is not a private foundation because it is (For lines 1 through 11, check only one box)												
1	П	A church, convention	on of churches or asso	ciation of churches descr	ribed in s	section	170(b)(1)(A)(i).					
2	П	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3													
4	H			I in conjunction with a ho					ЬХ1ХА Х	iii) Ente	r the hospit	al's	
-	ш	name, city, and sta	-	,	•			`					
5		An organization open 170(b)(1)(A)(iv). (Control of the control of	erated for the benefit of complete Part II)	of a college or university					nental u	nıt descr	ibed in sec	tion	
6	Ц			overnmental unit describ						_			
7	X	ın section 170(b)(1)	(A)(vi). (Complete Pa				ernment	al unit d	or from t	he gener	al public de	scribe	ed
8	닏			70(b)(1)(A)(vi). (Complete		-							
9		from activities relations investment income June 30, 1975 See	ed to its exempt function and unrelated busines section 509(a)(2). (Co	·	exceptio ection 5	ns, and 11 tax) f	(2) no n rom bus	nore tha sinesses	an 33-1/3 acquire	3 % of its	s support fro	om ar	oss
10		An organization org	janized and operated o	exclusively to test for pub	olic safet	y See s	ection 5	509(a)(4).				
11	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	<u> </u>	l – Func	-	-			a 📋	Type III—		
е	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 r	received a written dete	rmination from the IRS t	hat is a	Type I, T	Гуре II о	r Type I	III suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?	_		
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or to pported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person desci	ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h		Provide the following	ng information about th	ne supported organization	าร								
	() Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	is the non in cold in your rning ment?	(v) Did y the organ col o your su	ou notify nzation in (i) of upport?	(vi) l organizat (i) organi U S	s the ion in col zed in the 3 ?	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
									-				
										-			
												_	
					<u></u>								
			_										
Total													
- 3 (4)				<u></u>		<u> </u>	·	1		<u> </u>			

Par	t II Support Schedule for (Complete only if you checked)				(b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)	
Sec	tion A. Public Support	ed the box on line	5, 7, 01 8 01 Fait	1.)		 _			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200°	9	(f) Tota	ı
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	2,695,693.	2,410,832.	2,794,797.	2,645,034.	2,959,9	00.	13,506,2	256.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						-		
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3	2,695,693.	2,410,832.	2,794,797.	2,645,034.	2,959,9	00.	13,506,2	256.
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)								
	Public support. Subtract line 5 from line 4							13,506,2	256.
Sec	tion B. Total Support	Τ-	T	1	ı				
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	·(e) 200		(f) Tota	
7	Amounts from line 4	2,695,693.	2,410,832.	2,794,797.	2,645,034.	2,959,9	00.	13,506,2	<u> 256.</u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	6,793.	7,385.	16,365.	13,431.	4,5	94.	48,5	568.
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					i			
11	Total support. Add lines 7 through 10					<u> </u>		13,554,8	324.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			<u> </u>	12		
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	d, third, fourth, or	fifth tax year as a	a section 501	(c)(3)	► ∏
	tion C. Computation of Pu					 -		·	
	Public support percentage for 20		(,,	e 11, column (f)			14	99.6	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			Į	15	99.7	υ %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and t ganization	the line 14 is 33-1	/3 % or more	e, che	ck this box	► <u>X</u>
t	33-1/3 support test - 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or mor	e, ch	eck this box	- [
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nď-circumstances'	test, check this b	ox and stop here.	. Explain in F	Part IN	/ how	- [
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this b ation qualifies as	ox and stop here a publicly support	. Explain in F ed organizat	Part IN	/ how the	► □
18	Private foundation. If the organization	zation did not che	ck a box on line, 1	3, 16a, 16b, 17a,					>
BAA					Sc	chedule A (F	orm 9	90 or 990-EZ)	2009

Schedule A (Form 990 or 990-EZ) 2009 North MS Rural Legal Services 64-0581747 Page 3 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 (a) 2005 (b) 2006 Calendar year (or fiscal yr beginning in)▶ (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 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 amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr 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, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 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	of Investment	Income I	Percentage
---------------------------	---------------	----------	------------

	17	Investment income	percentage for 2009 ((line 10c.	column (f)	divided by	/ line 13	column	(f)
--	----	-------------------	-----------------------	------------	------------	------------	-----------	--------	---	---	---

12	Investment	income	nercentage	from	2008	Schedule	Δ	Part III	line	17

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%	
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 19a, and line 16 is 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

17

18

%

%

Schedule	Αt	Form	990	or o	990	-EZ)	200	9	No	rt	h i	MS	Ru	ral	. I	Lea	al	Se	rvi	ces				64-	058	1747	7	Р	age 4
Schedule Part IV]	Sup	ple	mer	ntal	Inf	orî r 1	nati	ion	. Co	omp	plet	te t	his p	oar	t to	o pr	OVIC	le th	ne ex	plana	tions	requ	ured	by l	Part	II, lin	e 10;	
		- art	11,						u i i			****		- 12	'		VIGC		y Ot		danio	-	11011	natic	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		130140		•
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection Employer Identification number

Man	oth MC Dural Tagal Carriaga				64-0581747	
Par	th MS Rural Legal Services I Organizations Maintaining Dono	r Advised Funds or Oth	ar Similar Funds			if
ı aı	the organization answered 'Yes' t	to Form 990, Part IV, Im	e 6.	OI ACCO	unts Complete	ž 11
		(a) Donor advised		(b) Fu	inds and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)		-			
3	Aggregate grants from (during year)					
4	Aggregate value at end of year			-		
5	Did the organization inform all donors and don funds are the organization's property, subject to			advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or done	ng that grant funds ma or advisor or for any c	ay be other	Yes	No
Par	t II Conservation Easements Comple	ete if the organization a	nswered 'Yes' to	Form 990	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by	u	-		, ,	
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of a	n historical	ly important land a	area
	Protection of natural habitat	•	Preservation of ce		= -	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservatio	n contribution in the fo	orm of a co	onservation easem	ent on the
					Held at the End of	f the Year
a	Total number of conservation easements			2a		
	Total acreage restricted by conservation easer			2b		
	: Number of conservation easements on a certif		ın (a)	2c		·
C	Number of conservation easements included in			2d		
3	Number of conservation easements modified,	transferred, released, extingui	shed, or terminated by	y the organ	iization during the	tax
_	year •					
4	Number of states where property subject to co					
5	Does the organization have a written policy regard enforcement of the conservation easemen		g, inspection, handling	of violation	ons, Yes	□No
6	Staff and volunteer hours devoted to monitorin during the year ►	ig, inspecting, and enforcing of	onservation easement	s		
7		specting, and enforcing conse	rvation easements	\$ <u></u>		_
8	Does each conservation easement reported or 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	n line 2(d) above satisfy the re-	quirements of section		Yes	□ No
9	In Part XIV, describe how the organization rep	orts conservation easements i	n its revenue and exp	ense state	ment, and balance	sheet, and
_	include, if applicable, the text of the footnote to conservation easements	o the organization's financial s	tatements that descri	bes the org	janization's accour	nting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Ot), Part IV, line 8.	ther Sim	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or res	revenue statement ar earch in furtherance o	nd balance of public se	sheet works of art rvice, provide, in F	t, historical Part XIV,
t	of the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revice exhibition, education, or res	enue statement and b earch in furtherance o	alance she of public se	et works of art, his rvice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 relating to these items	r sımılar assets for fın	ancial gain	i, provide the follow	wing
a	Revenues included in Form 990, Part VIII, line	1			► \$	
t	Assets included in Form 990, Part X				► \$	

Schedule D (Form 990) 2009 Nort				64-058	
Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition (check all that apply):	on accession and	d other records, check	k any of the following tha	it are a significant use o	of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 📙 Other	<u></u>		· · · · · · · · · · · · · · · · · · ·
c Preservation for future gener					
4 Provide a description of the organ Part XIV			-		ın
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or reci ather than to be	eive donations of art, maintained as part of	historical treasures, or of the organization's collections	other similar ction?	∏ Yes ∏ No
Part IV Escrow and Custodia 9, or reported an amo	Arrangeme	nts Complete if o	organization answer		
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, o	r other intermediary f	for contributions or other	assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the followin	g table:		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	<u> </u>
2a Did the organization include an a		990, Part X, line 217			∐ Yes ☐ No
b If 'Yes,' explain the arrangement		nization answer	ad 'Vas' to Form 00	O Port IV June 10	
Part V Endowment Funds Co					
1. December of committees	(a) Current yea	r (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					<u> </u>
b Contributions				_	
 Net Investment earnings, gains, and losses 					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the year end	balance held as			
a Board designated or quasi-endow	/ment ►	&			
b Permanent endowment ►	8				
c Term endowment ►	%				
3a Are there endowment funds not a organization by:	n the possession	of the organization the	hat are held and adminis	tered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	rganizations liste	ed as required on Sch	nedule R?		3b
4 Describe in Part XIV the intended	uses of the orga	nızatıon's endowmer	nt funds		
Part VI Investments-Land, B	uildings, and	Equipment. See	e Form 990, Part X,	line 10.	<u> </u>
Description of investment	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land	L		40,326.		40,326.
b Buildings	<u>_</u>		0.		0.
c Leasehold improvements .			168,837.		168,837.
d Equipment			1,228,680.		1,228,680.
e Other			327,557.		327,557.
Total. Add lines 1a through 1e (Column	า (d) must equal	Form 990, Part X, co	lumn (B), line 10(c))	•	1,765,400.
ВАА				Sched	dule D (Form 990) 2009

Schedule D (Form 990) 2009 North MS Rural Le	gal Services	64-0581747 Page
Part VII Investments—Other Securities See Fo		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	ļ	
	ļ	
		
	ļ	
	-	
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (See	T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
· · · · · · · · · · · · · · · · · · ·		oost of characteristics

		· ·
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)		
Part IX Other Assets (See Form 990, Part X,	line 15)	
	escription	(b) Book value
Deposits-appeal bonds		1,910
Total. (Column (b) must equal Form 990, Part X, col (B), lin		
Part X Other Liabilities (See Form 990, Part	X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Client Trust Deposits	25,990.	
Accrued Salaries	52,381.	
Employee Withholdings Payable	7,217.	
Accrued Vacation Payable	71,284.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	156,872.	
2. FIN 48 Footnote In Part XIV, provide the text of the footn for uncertain tax positions under FIN 48.	ote to the organization's financia	I statements that reports the organization's liability

Sche	dule D (Form 990) 2009 North MS Rural Legal Services	64-0581747	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial S	Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	,959,900.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,106,617.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-146,717.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities .		
6	Investment expenses		
7	·		
,	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8	<u> </u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u>-146,717.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments		
t	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	3	
3	1 1	•	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With I	Expenses per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
á	a Donated services and use of facilities 2a		
ŀ	Prior year adjustments 2b		
	Other losses 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
	Subtract line 2e from line 1	3	
3	1 1	-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Pa	t XIV Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comation	and 4, Part IV, lines 1b and 2b, omplete this part to provide any	Part V, additional
		·	
			-
BAA	TEEA3304 02/02/10	Schedule D (F	orm 990) 2009

Schedule D	(Form 990) 2009 North MS Rural Legal Services	64-0581747	Page 5
Part XIV	Supplemental Information (continued)		
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SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 64-0581747 Part I General Information on Grants and Assistance North MS Rural Legal Services Name of the organization

<u>o</u>				۲
nd X Yes No		on answered 'Yes' to Form	nore than \$5,000. Use	•
s' eligibility for the grants or assistance, a		States. Complete if the organization	box if no one recipient received r	-
unt of the grants or assistance, the granter .	the use of grant funds in the United States.	and Organizations in the United	ved more than \$5,000. Check this	ליים מספמין ר
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the i	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Dart IV and Schodule 1 / Form 000) if additional enace is needed
 Does the organization the selection criteria u 	2 Describe in Part IV the	Part II Grants and O	990, Part IV, I	O Pac /I trea

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addi	tional space is	needed				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>Mississippi Volunteer Law P. O. Box 2168</u> 7. O. Box 2168 Jackson MS 39225	64-0733141		.000	0	FMV	0	Program Operat
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	janizations			•	•	П
3 Enter total number of other organizations	ions		;			•	0
DAA Tourbuilde And to the Day of DAA	Co Cottold to A co	a the leadernation of	000	1000	010000	Sohoo	Schodule 1 (Earm 000) 2000

Schedule I (Form 990) 2009

TEEA3901 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 (Form 990) 2009 North MS Rural Legal Services Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance - Ensure that an annual audit is conducted (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Part III

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BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization North MS Rural Legal Services	Employer identification number 64-0581747
Pt VI-B, Line 11A Form 990 is reviewed by the Audit Committee and Sign	
Pt_VI-B, Line 12c Monitored by Executive Director and Managing a	
complaince.	
Pt_VI-B, Line 15 Reviewed by governing board and executive comm	nittee.

TEEA4901 07/17/09

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Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
Wille J. Perkins, Sr.	P O Box 8404	Greenwood	MS	38935
Katherine Weathersby	2110 Attala Raod 4985	Sallis	MS	39160

Additional Information

Note # 1 - Grants and Allocations

Attachment to Federal Form 990 Year Ended December 31, 2008

Part II - Statement of Functional Expenses, Line 22, Grants and Allocations

In 1982, Legal Services Corporation (LSC) directed each LSC grantee program to use a substantial amount of its resources to involve the Private Bar in the delivery of legal services to the underprivileged. The term "substantial" was defined as 12 1/2% of the basic field grant of the LSC programs. Pursuant to this mandate, North Mississippi Rural Legal Services Corporation entered into a joint agreement between the states three (3) Legal Services Programs and the Mississippi Volunteer Lawyers Project. The organization expended \$46813 in grants allocated to the Mississippi Volunteer Lawyers Project during the year ended December 31, 2007.

Additional Information

Note # 2 -	Depreciation	
Part II	Statement of Functional Expense	es, Line 42,
	Depreciation, Depletion, etc.	
	Depreciation of property and ed	quipment is computed on a
	straight line basis over the es	stimated service life.
		Useful Life
	Leasehold Improvements	10 years
	Furniture, Fixtures, and	Equipment 10 years
Line 42	Depreciation	
	Property and equipment	\$90143

Supporting Statement of:

Form 990 p 11/Line 4, column (A)

Description	Amount
Accrued Interest Receivable Travel Advances	3,426. 6,340.
Total	9,766.