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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009 Open to Public

me	Hai Nevellue	OCI VICE	The organization may have to use a copy of this retain to see			Terre	i inapection
<u>A</u>	For the 200	9 calendar y	ear, or tax year beginning $06/01/09$, and ending $05/$	31/10	0		
В	Check if applical	ble Please	C Name of organization THE PARTNERSHIP FOR A HEALTHY	Y		D Emple	oyer identification number
(EF)	Address change	use IRS	MISSISSIPPI, INC.			1	
\equiv	·	label or	Doing Business As			1 64-	-0895372
ᆜ	Name change	print or type.	Number and street (or P O box if mail is not delivered to street address)	T	Room/suite	1	none number
	Initial return	See	,		3		L-420-2414
$\overline{\Box}$	Termination	Specific	200 PARK CIRCLE			1	
	I CHAINGUON	Instruc-	City or town, state or country, and ZIP + 4			G Gross reco	eipts \$ 749,842
Ш	Amended return	tions.	FLOWOOD MS 39232			4	
П	Application pend	ding F Name	e and address of principal officer			H(a) Is this	a group return for
						affiliat	
]				H(b) Are al includ	
						If "No,	" attach a list (see instructions)
1	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		_	1	
J	Website:		HEALTHY-MISS.ORG			H(c) Group	exemption number
	Type of organiz	[42]	rporation Trust Association Other	IL,	rear of formation	1998	M State of legal domicile MS
-	art I	Summa			`		
			he organization's mission or most significant activities.				
		EE SCHE					
8]	di schi	DOLLA O				
ıan			•				
J.							
Š		ck this box		than 25%	of its net asse	1 1	•
જ	1	_	members of the governing body (Part VI, line 1a)			_ 3	8
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)			4	8
Ϋ́	5 Tota	I number of	employees (Part V, line 2a)			5	8
Activities & Governance	6 Tota	I number of	volunteers (estimate if necessary)			6	
•	7a Tota	l gross unrel	ated business revenue from Part VIII, column (C), line 12			7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34			7b	0
_					Pnor Y		Current Year
•	8 Cont	inbutions an	d grants (Part VIII, line 1h) RECEIVED	-	1,12	20,842	702,394
Revenue	9 Prog	ram service	revenue (Part VIII line 2g)		_		
Š	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4 and 7d)	· ·		72,886	47,448
ď	11 Othe	er revenue (f	ne (Part VIII, column (A), lines 3, 4 and 7d)				
	12 Tota	l revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	l	1,19	3,728	749,842
			ar amounts paid (Part IX, column (A), lines @ BDEN,			54,985	43,833
			or for members (Part IX, column (A), Hine 4)			-7	
		·=		• • •	5.0	02,922	545,238
nses	1		ompensation, employee benefits (Part IX, column (A), lines 5–10)			12/122	
ens	1		draising fees (Part IX, column (A), line 11e)				
Expe	1	•	expenses (Part IX, column (D), line 25) ▶		0.4	- 370	624 050
ш	17 000	-	(Part IX, column (A), lines 11a-11d, 11f-24f)			50,370	634,879
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	. [28,277	1,223,950
	19 Reve	enue less ex	penses. Subtract line 18 from line 12			34,549	<u>-474,108</u>
200				ļ	Beginning of C		End of Year
88et	20 Tota	•	rt X, line 16)		5,08	34,660	4,579,573
Net Assets or	21 Tota	•	Part X, line 26)	l		2,700	A 550 550
	22 Net		nd balances. Subtract line 21 from line 20		5,08	31,960	4,579,573
<u> </u>	art II		re Block				
[]] []]		Under pena and belief, it	tites of perjury, I declare that I have examined this return, including accompanying so t is type, correct, and complete Declaration of preparer (other than officer) is based of	chedules ar on all inform	nd statements, an nation of which pi	id to the best o reparer has an	of my knowledge ny knowledge
⇒)		,	Mr. C. Ba N.		•	1	12112112
Sig) —	Alle Duri L			L	redistro
He	re	Signati	ire of officer RC'OLC CCO			Date	-
,		—	the aron, to		 		
℥_		Type o	r print name and title				1-2
	.,	Preparer's		Date	Chec	k ff	Preparer's identifying number (see instructions)
Pa	1	signature	SCOTT A. HODGES	12/9/2	self- emple	oyed 🕨 🗌	P00641691
<i>.</i> .	eparer's		TANN, BROWN & RUSS CO., PLLO			EIN	00 5000
Us	e Only	Firm's name of self-emplo	41 C DAGE CADITION CONDERED			Phone	
Ć	Ì	address, an				4	601-354-4926
A 4-	u the IDC d		eturn with the preparer shown above? (see instructions)			no	
	<u> </u>		rwork Reduction Act Notice, see the separate instructions.				X Yes No (
DA		ot and rape	mork reduction not notice, see the saparate manuchons.				roim 330 (2009)

Part III	Statement of Program Service Accomplishments	
1 Bnefly d	describe the organization's mission	
SEE S	CHEDULE O	
•	·	
2 Did the	organization undertake any significant program services during the year which were not listed on	
		Yes No
•	"describe these new services on Schedule O	٠٠٠ ال
•	organization cease conducting, or make significant changes in how it conducts, any program	
services		Yes X No
	·	163 [11] 160
	" describe these changes on Schedule O	
	the exempt purpose achievements for each of the organization's three largest program services by expenses	
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
allocatio	ons to others, the total expenses, and revenue, if any, for each program service reported	
	104 220	
4a (Code) (Expenses \$ 124,332 including grants of \$) (Revenue \$	····
	ER-MARKETING - PROVIDES COUNTER-MARKETING TO SHOW THE POSITIVE S	IDE OF
LIVIN	IG FREE FROM TOBACCO, ALCOHOL, AND DRUGS.	
	·	
•		
•) (Expenses \$ 589,871 including grants of \$ 43,833) (Revenue \$ I PROGRAMS - PROVIDES SCHOOL-BASED TOBACCO PREVENTION EDUCATION RAMS FROM KINDERGARTEN THROUGH TWELTH GRADE.	
	entral control of the	
	the second control of	
<u></u>		
EDUCA) (Expenses \$ 97,084 including grants of \$) (Revenue \$ INITY PROGRAMS - PROVIDES LOCAL ACCESS TO YOUTH PREVENTION, HEALT ATION AND CESSATION SERVICES THROUGH A NETWORK OF COMMUNITY/YOUTH DERSHIPS.	
		• • ••
•		•
•		
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Ad Other -	ergarom população (Decembo in Schodulo O.)	
(Expens	program services. (Describe in Schedule O.) uses \$ 192,788 including grants of \$) (Revenue \$)	
	program service expenses \(\) 1,004,075	
40 TOTAL P		orm 990 (2009)
	r	unn 330 (2009)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 X Complete Schedule A 1 X 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 for public office? If "Yes," complete Schedule C, Part I 3 X X A Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 X X Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 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, Part I 5 Did the organization meantain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X X Y or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X X Or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X X Y X Y X Y X Y X Y X Y X Y X Y X Y	Pa	rt IV Checklist of Required Schedules			
complete Schedule A 1 IX 1 IX 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 IX 3 Did the organization required to complete Schedule B. Schedule of Contributors? 3 Did the organization required to complete Schedule C, Part II 4 Section St7(c)(3) organizations. Dod the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section St7(c)(4), S0f(c)(4), S0f(c)(5), organizations. Is the organization subject to the section 8033(e) notice and reporting requirement and proxy lax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any droor advised funds or any similar funds or accounts where denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any droor advised funds or any similar funds or accounts or the "Yes," complete Schedule D, Part II 7 Did the organization maintain any structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain any structures? If "Yes," complete Schedule D, Part II 9 Did the organization maintain any structures? If "Yes," complete Schedule D, Part II 1 Ty X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part II 9 Did the organization report in amount in Part X, line 21; serve as a custodant for amounts not lateful in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V. 10 Did the organization report in amount for investments—other securities in Part X, line 19 If "Yes," complete Schedule D, Part V. 11 Is the organization and the structures of th		•		Yes	No
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2 Is the organization required to complete Schedule B, Schedule G Contribution? Did the organization enages in intered or indirect political campaign activities? If "Yes," complete Schedule C, Part II Section 811c(s) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 811c(s), 801(c)(s), and 801(c)(s) organizations. Is the organization subject to the section 6033(s) notice and reproting requirement and prize jac section 911c(s), 801(c)(s), 801(c)(s), 801(c)(s), 901(c)(s), 901(c)(s			1 1	х	
3 Did the organization reginge in direct or indirect political campaign activities on behalf of or in opposition to candidates for political clarary Preference (Part II) 5 Section 801(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 801(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 6033(e) notice and reporting requirement and proxy lac? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any door advised finds or any similar funds or accounts where denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where denors have the right to provide advise on the distribution or investment of amounts in such funds or accounts if If "Yes," complete Schedule D, Part II 7 Did the organization maintain and dreas, or histone structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain and dreas, or histone structures? If "Yes," complete Schedule D, Part II 9 Did the organization amount in Part X, line 21; serve as a custodian for amounts not lated in Part X, or provide scred counseling, didth management, orded repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization officially officially organization, hold assets in term, permanent, or quesi-endownerits? If "Yes," complete Schedule D, Part VI 11 Is the organization answer to any of the following questions "Yes?" It so, complete Schedule D, Part VI 12 If the organization report an amount for investments—program related in Part X, line 10° If "Yes," complete Schedule D, Part VII. 13 Did the organization report an amount for investments—program related in Part X, line 10° If "Yes," complete Schedule D, Part VII. 14 Did the organization report an amount for other sasets reported in Part X, line 10° If "Yes," complete Schedule D, Part VII. 25 Did the organization included in nonsolidated, independent audited finan	2		2		
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4 Section S01(c)(4) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III 5 Section S01(c)(4), S01(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy lac? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised financial statements for preserve open space, the environment, instance and execution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7, and the organization maintain and exess, or hastonic structures? If "Yes," complete Schedule D, Part II 7, and the organization received in a maintain and exess, or hastonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7, and 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 II 8, and 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 V, and the organization report an amount for investment, held assets in Item, permanent, or quasis-endowners? If "Yes," complete Schedule D, Part V, and the organization report an amount for investments—other secunties in Part X, line 10? If Yes," complete Schedule D, Part V, and the organization report an amount for investments—other secunties in Part X, line 10? If Yes," complete Schedule D, Part V, and total assets reported in Part X, line 10? If Yes," complete Schedule D, Part V, and total assets reported in Part X, line 10? If Yes," complete Schedule D, Part V, and total assets reported in Part X, line 10? If Yes," complete Schedule D, Part X, line 10? If Yes," complete Schedule D, Part X, line 10? If Yes," complete Schedule D, Part	•		3		x
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5 Section 991(c)(4), 501(c)(8), and 501(c)(8) and 501(c)(8	-		4	x	
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b 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, Part I	-		5		
the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structure?? If "Yes," complete Schedule D, Part II 7, X X Did the organization maxima collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization or port an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization is any of the following questions "Yes?" If so, complete Schedule D, Part V 10 Did the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1, VII, VIII, IX, or X as applicable 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 10? If "Yes," complete Schedule D, Part VII 1 VIII of the organization report an amount for investments—organization report an amount for investments—organization report an amount for other isabilities 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 1 VIII VIII VIII VIII VIII VIII VI	6				
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Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI Is the organization or any to the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, XII, X, or 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 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 X. Did the organization sublity for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X, III and XIII and XIII and XIII is the organization or entity as separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, XIII, and XIII is to priganization or part XII, X (uniformative organization or part XII, X (uniformative organization organization organization organization organization organization organization organization organ		-	7		х
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Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part III Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	13	If "Vac." complete Schodule G. Part III	10		y
	20				
	20	one and digentization operate one of more nospitals. If it is, complete obligation in		n 9 90	

Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			7.7
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		w l	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	22		X
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
44a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		ļ	
	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	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		<u> </u>
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		_ <u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		i	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			7,
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	Ī	X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u>~</u>
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
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? If "Yes," complete Schedule M	30		X
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		<u> </u>
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24		x
25	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
35	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	33		
5 5	amountains H Sac Teamplete Schodule B. Bart V. line 2	36		x
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	X	
		_	. 000	

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
U.S. Information Returns Entier - 0- if not applicable Differ the number of Forms W-25 canduded in the 1a. Enter -0- if not applicable Differ the number of Forms W-25 canduded in the 1a. Enter -0- if not applicable Differ the number of empty-wes reported on Form W-3. Transmittal of Wage and Tax Statements, Refer the cumber of empty-wes reported on Form W-3. Transmittal of Wage and Tax Statements, Refer the cumber of empty-wes reported on Form W-3. Transmittal of Wage and Tax Statements, Refer for the calendary were anding with very which the year overed by this return Possible. If the sam of lines 1 and 2 as greater than 230, you may be required to -file this return (see instructions) If at least one is reported on line 2a, did the organization file all required federal emptyment tax returns? Note. If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If at least one is reported on line 2a, did the organization of the organization in Schedule O At any time during the celeratery year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country touch as a bank account, securities account, or other financial accounts over the security of the programation of the programation of the programation of the programation of the touch and the programation of the programation of the programation of the programation of the touch of the programation of the progra		•				Yes	No
be Enter the number of Forms W-25 included in time 1s. Enter-0+-0+ find applicable 10 10 10 10 10 10 10 1	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaments (gambling) writings to prize wineres? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on the 2a, did the organization file all required defeated employment tax returns? Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to 6-file this return (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b A lany time during the celledard year, did the organization have an interest in, or a signature or other authority over, a financial account? 3a 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 Was the organization aparty to a prohibeted tax shelter transaction at any time during the tax year? 5b Did any taxable pary norby the organization life form 8880-1, Disclosure by Tax-Exempt Entity Regarding Prohibeted 7 shelter Transactions? 5c If "Yes," for the organization may are required that was or is a party to a prohibeted tax shelter fransaction? 5c If "Yes," for the organization may are required that was or is a party to a prohibeted tax shelter fransaction? 5c If "Yes," for the organization in the form 8880-1, Disclosure by Tax-Exempt Entity Regarding Prohibeted 7 shelter Transactions and the organization of the responsable to the payor? 5c If "Yes," did the organization may are required to the form 8880-1 (Disclosure by Tax-Exempt Entity Regarding Prohibeted 7 shelter Transaction and the organization of the form 8880-1 (Disclosure by Tax-Exempt Entity Regarding Prohibeted 7 shelt are discl		U.S. Information Returns. Enter -0- if not applicable	1a	15			
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2a Effect the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return I all last one is reported on the 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b I did the organization have unrelated business gross income of \$1,000 or more during the return of the form 90-T for this year? If 'No', provide an explanation in Schedule O 3a I as the during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a fortigen country (such as a bank account, securities account, or other financial accountry 5a A lary time during the calendar year, did the organization have an interest in, or a significant or other financial accountry 5a Wes the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Wes the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b A Z 5c If "Yes," to line 5a or 50, did the organization file Form 8885-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c I "Yes," do line 5a or 50, did the organization file Form 8885-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c I "Yes," did the organization have annual gross sceepts that are normally greater than \$100,000, and did the organization shelt are not tax deductible? 5c I "Yes," did the organization module with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c I "Yes," indicate the number of Forms 8285 fised during the year? 5d Did the organization module with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization that were not tax de	c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
Statements, filed for the calendar year ending with or within the year covered by this return? 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 this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3c If "Yes," fire the name of the foreign country (such as a bank account, securities account, or other financial account in Foreign country (such as a bank account, securities account, or other financial accounts) 5b If "Yes," effort the name of the foreign country ≯ See the instructions for exceptions and filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Value of any taxable party notify the organization that it was or as party to a prohibited tax shelter transaction? 5c If "Yes," the Sea of 8b, oft the organization that it was or as party to a prohibited tax shelter transaction? 5c If "Yes," the Sea of 8b, oft the organization that it was or as party to a prohibited tax shelter transaction? 5c If "Yes," the Sea of 8b, oft the organization that organization the accountage of the organization that organization that are organized to the organization that organization that are organized to the payor? 5c If "Yes," the file organization and party for goods and did the organization file Form 8885. This collection or accountable or of the organization file form organization that may receive deductible contributions under section 176(c). 5d If "Yes," did the organization form organization file form 8896 as required for organization with the organization file form 8896 as required? 5d If "Yes," did the organization during the year, peak perm		gaming (gambling) winnings to prize winners?			1c	X	
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				1.	12a		
	-0	in res, enter the amount of tax-exempt interest received of accrued during the year	<u> 120</u>	<u> </u>	For	, 99n	(2000)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Does the organization have local chapters, branches, or affiliates? 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? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a wrtten whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 200 PARK CIRCLE, SUITE 3 organization > DARA BARIOLA MS 39232 601-420-2414 FLOWOOD

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 organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	(vlac	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MIKE MOORE	1 00	Ţ		v				0	0	
CHAIRMAN JOHN MCCULLOUCH	1.00	X		X	├	 		U	U	(
	1.00	x		x				ol	0	c
VICE CHAIRMN HURSIE DAVIS-SULI			-	<u> </u>			<u> </u>	<u>_</u>		
SECRETARY	1.00	\mathbf{x}		x				o	0	d
GEORGE ABRAHAM, I		-	 	-		\vdash				<u> </u>
BOARD MEMBER	1.00	x						o	0	O
GEORGE PAYNE					<u> </u>					
TREASURER	1.00	x		x				0	0	d
	MD									
BOARD MEMBER	1.00	X						0	0	
V.O. SMITH						[
BOARD MEMBER	1.00	X						0	0	
DR. JAYNE SARGENT							ŀ			
BOARD MEMBER	1.00	X			_	<u> </u>		0	0	
SANDRA SHELSON									_	
EXEC DIR	40.00	├	<u> </u>	X	 	1_	<u> </u>	114,409	0	7,503
DARA BARIOLA	40.00			.				66 020	0	6 071
CHF OPER OFF	40.00	-	├	X	H	┢╌		66,030	<u> </u>	6,071
• • • • • • • • • • • • • • • • • • • •										
	 	+-	\vdash	\vdash	╁╌	+	-			
	,						1			
DAA	L			L			<u> </u>			Form 990 (2009

Pari	(A) Name and Title	(B) Average			(0	;)	hat ap		(D) Reportable	mployees (continued) (E) Reportable	(F Estim	
		hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth comper from organiz and re organiz	er nsation the zation elated
												
				<u> </u>		_						
												
-			<u> </u>		! 							
1b 2	Total Total number of individuals (in	cluding but not lir	nited	to th	nose	liste	d abo	▶ ove)	180,439 who received more than \$1			13,574
	reportable compensation from Did the organization list any for				ıctac	, ko	, omi		ae or highest compansated			Yes No
3 4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o individual	complete Schede e 1a, is the sum or ganizations grea	ule J of rep ter th	for s ortat nan \$	uch ole c 150	indiv omp ,000	riduai ensa ? If "\	l tion /es,	and other compensation fro " complete Schedule J for s	om	4	x
5 Sec	Did any person listed on line 1 services rendered to the organition B. Independent Contract	nization? If "Yes,"	ue com	plete	ensa Sch	tion nedu	from le J f	any or s	unrelated organization for uch person		. 5	x
1	Complete this table for your five compensation from the organic	ve highest compe	nsate	ed in	depe	ende	nt co	ntra		an \$100,000 of (B) ption of services		(C) Compensation
	Name an BBRA MARKETING IDGELAND		3 3	91					Description Descri			133,090
	Total number of independent more than \$100,000 in compe						d to t	hos	e listed above) who received	<u> </u>		1
DAA	more man \$100,000 in compe	maduon nom the	orga	ınzdi	וויטיו							m 990 (2009)

Pa	rt VI	II Statement of Reve	nue						
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a						
Service Revenue Contributions, gifts, grants		Membership dues	1b			1			
흔			1c		· -	1			
r a		Fundraising events	1			1			
gië		Related organizations	1d		COE 144	1			
Sis		Government grants (contributions)	1e		685,144				
흌힑	f	All other contributions, giffs, grants,				1			
흔히		and similar amounts not included above	1f		17,250	1			
	g	Noncash contributions included in tines 1a-	lf :	\$		1			
<u>0</u> %	h	Total. Add lines 1a-1f			.	702,394			
9					Busn. Code				
Ve l	2a								
&	b					,			
<u>.</u> 2	С								
5	d								
E	_								
ga	•	All other program service rever	NUE						
Program (Total. Add lines 2a-2f	iuc		_				
\neg	3	Investment income (including of	ivident	de interes	· · · · · ·				
	,	other similar amounts)	MAIGCIN	23, III.C. C3	, und	47,448			47,448
		Income from investment of tax-	ovemn	t bond nr	·				1.,110
	4		exemp	it bond pre)cceus				
	5	Royalties (i) Real		(1) [Personal				
				יייי	ersonar				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)				Ħ			
	d 7a	Net rental income or (loss) Gross amount from (4) Securities			D				
	'`	sales of assets (i) Securitie	<u> </u>	(11)	Other				ŧ
		other than inventory		<u> </u>	-				Ī
	b	Less cost or other		1					.
		basis & sales exps							
	С	Gain or (loss)		l .					ŧ
	d	Net gain or (loss)			>	,			<u> </u>
	8a	Gross income from fundraising ever	nts		1				
anue	ŀ	(not including \$							
Other Reven		of contributions reported on line 1c)							
2		See Part IV, line 18	а						
ş	ь	Less: direct expenses	b						
0	c	Net income or (loss) from fund	raising	events	•				
	9a	Gross income from gaming activitie	s						
		See Part IV, line 19	а		j				l l
	ь	Less: direct expenses	b		_ 1_				
	ł .	Net income or (loss) from gam	ing act	vities	>				
		Gross sales of inventory, less	•						
		returns and allowances	а						1
	ь	Less: cost of goods sold	b						1
		Net income or (loss) from sale	s of inv	entory	•	·			1
	Ť	Miscellaneous Revenue			Busn. Code				
	11a					•	İ		1
	b		•	• •					
	6			•					
	d	All other revenue	• •	•	1				
	e				•				
		Total Revenue. See instruction	ns	•		749,842	0	0	47,448
					- 1	· ·			

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).

	All other organizations must co	(A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	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	43,833	43,833		······
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the		i		
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	196,878	100,413	96,465	·····
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	050 640	070 (40		
7	Other salanes and wages	270,640	270,640		· · · · · · · · · · · · · · · · · · ·
8	Pension plan contributions (include section 401(k)	0 110	0 110		
	and section 403(b) employer contributions)	8,119	8,119		
9	Other employee benefits	34,865	34,865	6,687	
10	Payroll taxes	34,736	28,049	0,00/	
11	Fees for services (non-employees)				
a	Management				
Ь	Legal	27,330		27,330	
C _	Accounting	15,000	15,000	21,330	
d	Lobbying Professional fundraising services See Part IV, line 17	13,000	13,000		
8	· F				
f	Investment management fees Other	225,506	221,329	4,177	
g 12	Advertising and promotion	2237300			
13	Office expenses	57,544	34,481	23,063	· · · · · · · · · · · · · · · · · · ·
14	Information technology	5,064	2,101	2,963	
15	Royalties				
16	Occupancy	58,784	33,614	25,170	
17	Travel	52,419	51,445	974	<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,874	44,634	240	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,363	6,909	3,454	
23	Insurance	29,352		29,352	
24	Other expenses. Itemize expenses not			1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)				
а	SUPPLIES	108,643	108,643	 -	
b					
С					
d					
е					
f	All other expenses	1 222 050	1 004 075	210 075	
25	Total functional expenses. Add lines 1 through 24f	1,223,950	1,004,075	219,875	· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the			1	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation .				Form 990 (2009)

Page 10

P	art X	Balance Sheet								
		•			(A) Beginning of year		(B) End of year			
		·			600,325	1	236,360			
	1	Cash—non-interest bearing		}	3,466,000	2	4,330,245			
		Savings and temporary cash investments			3,400,000	3	4,330,243			
	3	Pledges and grants receivable, net		•						
		Accounts receivable, net				4				
	5	Receivables from current and former officers, directors, t								
	1	employees, and highest compensated employees Comp		_ :	<u>i</u> I					
	1	Schedule L			:	5				
	6	Receivables from other disqualified persons (as defined								
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Comp	olete			į į			
S		Part II of Schedule L		6						
Assets	7	Notes and loans receivable, net				7				
SS	8	Inventories for sale or use				8				
•	9	Prepaid expenses and deferred charges	ı r			9				
	10a	Land, buildings, and equipment cost or	1 1							
		other basis Complete Part VI of Schedule D	10a	153,584			1			
	ь	Less: accumulated depreciation	10b	140,616	22,056		12,968			
	11	Investments—publicly traded securities			996,279	11				
	12	Investments—other securities See Part IV, line 11				12				
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11				15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,084,660	16	4,579,573			
	17	Accounts payable and accrued expenses				17				
	18	Grants payable			18					
	19	Deferred revenue				19				
	20	Tax-exempt bond trabilities				20				
es	21	Escrow or custodial account liability Complete Part IV of	f Schedul	e D	····	21	, , , , , , , , , , , , , , , , , , , ,			
Liabilities	22	Payables to current and former officers, directors, trustee	es, key							
ğ	1	employees, highest compensated employees, and disqu	alified				‡			
Ë		persons. Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third	parties			23				
	24	Unsecured notes and loans payable to unrelated third pa	arties			24				
	25	Other liabilities. Complete Part X of Schedule D			2,700					
	26	Total liabilities. Add lines 17 through 25			2,700	26				
S		Organizations that follow SFAS 117, check here ▶	X and							
ဋ		complete lines 27 through 29, and lines 33 and 34.								
<u>ā</u>	27	Unrestricted net assets			5,081,960	27	4,579,573			
ä	28	Temporarily restricted net assets				28	ļ			
פ	29	Permanently restricted net assets	• .=-	٠		29				
Ē		Organizations that do not follow SFAS 117, check he	ere 🕨 📗							
<u> </u>		and complete lines 30 through 34.					1			
Š	30	Capital stock or trust principal, or current funds		••		30	ļ			
set	31	Paid-in or capital surplus, or land, building, or equipment	in or capital surplus, or land, building, or equipment fund							
Ąŝ	32	Retained earnings, endowment, accumulated income, or	r other fu	nds		32				
Net Assets or Fund Balances	33	Total net assets or fund balances			5,081,960		4,579,573			
Ž	34	Total liabilities and net assets/fund balances			5,084,660	34	4,579,573			

Form **990** (2009)

Pa	ort XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	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 in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	l		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	
		For	ո 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PARTNERSHIP FOR A HEALTHY MISSISSIPPI, INC.

Employer identification number 64-0895372

P	in I	Reas	on for Public Charity	Status (All organizations	must co	ompiete	tnis p	<u>aπ.) S</u>	<u>ee ins</u>	tructio	ns.		
The	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	e box)							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	۸)(i).						
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
3	\Box	A hospital or a	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii).							
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospit	al's name,		
	_	city, and state	.	-									
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	mmenta	l unit de	scnbed	ın			
		-	b)(1)(A)(iv). (Complete Part	•									
6	\Box	•		vernmental unit described in sec	tion 170(l	b)(1)(A)(v) .						
7	X	•	•	ubstantial part of its support from				the ger	neral pu	blic			
	_	-	section 170(b)(1)(A)(vi). (Co		J			J	•				
8	\Box			70(b)(1)(A)(vi). (Complete Part II)								
9	H			more than 33 1/3 % of its suppo		ntributions	s, memb	ership fe	es, and	d aross			
_		•	•	ot functions—subject to certain ex						_			
				d unrelated business taxable inco									
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
•	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III—Functionally integrated d Type III—Other												
е	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												
			ection 509(a)(2)										
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	9				
			check this box										П
g		Since August	17, 2006, has the organizati	on accepted any gift or contribution	on from ar	ny of the							
_		following per											
		(i) A persor	who directly or indirectly co	ntrols, either alone or together wil	th persons	describe	d in (ii)					Yes	No
		and (iii) b	elow, the governing body of	the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ed in (i) above?	_						11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?	_				• •		11g(iii)		
h		Provide the f	ollowing information about th	e supported organization(s).	•								
(1)	Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify		ls the	(vii) Am	ount of	
	org	anization		(described on lines 1–9	1 ''	sted in your document?		nization in of your	organizat (I) omani	tion in colli zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document		oort?		S?			
				L	Yes	No	Yes	No	Yes	No			
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				1	‡	‡		1	l	1 1			

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.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		155		1,120,842	702,394	1,823,391
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		155		1,120,842	702,394	1,823,391
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>				1,823,391
	tion B. Total Support	,					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		155		1,120,842	702,394	1,823,391
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	649,968	453,231	225,546	72,886	47,448	1,449,079
9	Net income from unrelated business activities, whether or not the business is regularly carned on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L					3,272,470
12	Gross receipts from related activities, etc (12	
13	First five years. If the Form 990 is for the o		second, third, fourth	i, or fifth tax year as	s a section 501(c)(3)	▶ □
500	organization, check this box and stop here tion C. Computation of Public Su						
	Public support percentage for 2009 (line 6,					14	55.72%
14 15	Public support percentage from 2008 Sche	**	•	·"		15	92.32%
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33	1/3 % or more, che		72.32 70
	and stop here. The organization qualifies a			,	,,		▶ 🗓
ь	33 1/3 % support test—2008. If the organi		- •	r 16a, and line 15 i	s 33 1/3 % or more	, check this	. —
	box and stop here. The organization qualif						▶ 🗌
17a	10%-facts-and-circumstances test—2009			•	or 16b, and line 14	ıs 10% or	· —
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst	ances" test. The org	anization qualifies	as a publicly suppo	orted organization		▶ 🗌
b	10%-facts-and-circumstances test—200	8. If the organization	n did not check a bo	ox on line 13, 16a,	16b, or 17a, and lir	ne 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstand	es" test, check this	box and stop her	e. Explain in Part IV	/ how the	_
	organization meets the "facts-and-circumst		· ·		=		. ▶ 📙
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see in	structions	▶ ⊔

64-0895372 Schedule A (Form 990 or 990-EZ) 2009 THE PARTNERSHIP FOR A HEALTHY Page 3 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) ▶ (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 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 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 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 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	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a	33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line		

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

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

OMB No 1545-0047 Open to Public

Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Nar	ne of organization THE PARTNERSHIP FOR MISSISSIPPI, INC.	A HEALTHY		Employer identifice 64 - 08953	
Pa	t I-A Complete if the organization is exer	npt under section 501(c)	or is a section	n 527 organizatio	n
1	Provide a description of the organization's direct and indire	ct political campaign activities in F	Part IV		
2	Political expenditures			▶ \$:	
3	Volunteer hours			_	
D-	4 L III Complete if the organization is ever	nnt under section 501(a)	(3)		
	t I-B Complete if the organization is exer		(3).		
1	Enter the amount of any excise tax incurred by the organization			▶ \$ _ ·	
2	Enter the amount of any excise tax incurred by organization	<u> </u>		~ ~ .	
3	If the organization incurred a section 4955 tax, did it file For	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV t - C Complete if the organization is exer	not under section 501(c)	except section	on 501(c)(3)	
				311 30 1(c)(3).	
1	Enter the amount directly expended by the filing organization activities	on for section 527 exempt function	1	▶ \$	
2		tad to other organizations for soot	ion .	~ ~	
2	Enter the amount of the filing organization's funds contribut	led to other organizations for sect	ion	▶ ¢	
•	527 exempt function activities	er have and an Form 1120 BOI			
3	Total exempt function expenditures Add lines 1 and 2. Ent	er here and on Form 1120-FOL,		▶ €	
4	line 17b		•		
4	Did the filing organization file Form 1120-POL for this year	•			∐Yes ∐ No
5	Enter the names, addresses and employer identification nu				
	were made. For each organization listed, enter the amount			•	
	contributions received that were promptly and directly delive fund or a political action committee (PAC). If additional spa			separate segregated	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
					
				-	
			1		

chedule C (Form 990 or 9	/	PARTNERSHIP FOR A HEALTHY		
		zation is exempt under section 501(c)(3)	and filed Form 5768 (elect	ion
	section 501(h)).			
		ion belongs to an affiliated group. ion checked box A and "limited control" pro	ovisions apply.	
(The ten		bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expen-	ditures to influence pu	blic opinion (grass roots lobbying)		
b Total lobbying expen-	ditures to influence a l	egislative body (direct lobbying)	46,442	
c Total lobbying expen-	ditures (add lines 1a a	nd 1b)	46,442	
d Other exempt purpos	e expenditures		957,633	
e Total exempt purpose	e expenditures (add lir	nes 1c and 1d)	1,004,075	
f Lobbying nontaxable	amount Enter the am	ount from the following table in both		
columns			175,408	
If the amount on line 1e,	column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000		20% of the amount on line 1e	_]	
Over \$500,000 but not o	ver \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not	over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	_]	
Over \$1,500,000 but not	over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	_]	
Over \$17,000,000		\$1,000,000		
g Grassroots nontaxab	le amount (enter 25%	of line 1f)	43,852	
h Subtract line 1g from	line 1a If zero or less	, enter -0-	O	
i Subtract line 1f from	line 1c. If zero or less,	enter -0-	0	
j If there is an amount section 4911 tax for t		ner line 1h or line 1i, did the organization file Form 4720	reporting	Yes No
	organizations th	4-Year Averaging Period Under Section at made a section 501(h) election do not	have to complete all of the	<u> </u>

columns below. See the instructions for lines 2a through 2f on page 4.)

Lo	bbying Expenditure	es During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	495,684	141,623	199,242	175,408	1,011,957
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,517,936
c Total lobbying expenditures	1,394	9,782	32,312	46,442	89,930
d Grassroots nontaxable amount	123,921	35,406	49,811	43,852	252,990
e Grassroots ceiling amount (150% of line 2d, column (e))					379,485
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

	(a)		(b)		_
	Yes	No		Amou	nt	
During the year, did the filing organization attempt to influence foreign, national, state or local						
legislation, including any attempt to influence public opinion on a legislative matter or						
referendum, through the use of						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?				_		
d Mailings to members, legislators, or the public?						
Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?					_	
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?						
i Other activities? If "Yes," describe in Part IV						
j Total Add lines 1c through 1i						
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>			
art III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5),	or se	ction			
501(c)(6).						Г
			Г		Yes	L
Were substantially all (90% or more) dues received nondeductible by members?			⊦	1		H
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			⊦	3		┝
Did the organization agree to carryover lobbying and political expenditures from the prior year?	501/a\/5\	07.00	otion	3		L
art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."				ł		
Dues, assessments and similar amounts from members		1				
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political				_		
expenses for which the section 527(f) tax was paid).					-	
a Current year		2a	<u> </u>			
b Carryover from last year		2b				
c Total		2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
and political expenditure next year?		4				
Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>			

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	of the organization		Employer identification number
TH	HE PARTNERSHIP FOR A HEALTHY		
	MISSISSIPPI, INC.		64-0895372
Pa	organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ids or Other Similar Funds or A Part IV, line 6.	ccounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds can be	
	used only for chantable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	I that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant land area
	Protection of natural habitat	Preservation of certified historic s	tructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conserva	tion
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure include	led ın (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	i e	2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during
	the taxable year		
4	Number of states where property subject to conservation easement is loc	cated >	
5	Does the organization have a written policy regarding the periodic monito	nng, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
	-		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	nservation easements during the year	
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement,	and
	balance sheet, and include, if applicable, the text of the footnote to the on	ganization's financial statements that desc	nbes
	the organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		oimilar Assets.
та	If the organization elected, as permitted under SFAS 116, not to report in		
	art, historical treasures, or other similar assets held for public exhibition, or		iblic service,
	provide, in Part XIV, the text of the footnote to its financial statements tha		ka af art
D	If the organization elected, as permitted under SFAS 116, to report in its		
	historical treasures, or other similar assets held for public exhibition, educ	callon, or research in furtherance of public	SCI VICE,
	provide the following amounts relating to these items.		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X	ther similar possis for Energial and a second	
2	If the organization received or held works of art, historical treasures, or of		ie trie
_	following amounts required to be reported under SFAS 116 relating to the	ese nems	▶ •
a	Revenues included in Form 990, Part VIII, line 1		_
D	Assets included in Form 990, Part X		* *

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (c) Accumulated Description of investment (a) Cost or other basis (b) Cost or other (d) Book value basis (other) depreciation (investment) 1a Land **b** Buildings . .. c Leasehold improvements 153,584 140,616 12,968 d Equipment e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 12,968

Schedule D (Form 990) 2009

3Ь

Schedule D (Form 9	90) 2009 THE PARTNERSHIP FOR A		64-0895372	Page 3
Part VII Inv	vestments—Other Securities. See Form 990), Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of	
•	(including name of security)		Cost or end-of-year	market value
Financial derivatives				
Closely-held equity i	nterests			
Other				
Total (Column (b) r	nust equal Form 990, Part X, col (B) line 12)			
Part VIII Inv	vestments—Program Related. See Form 99	0. Part X. line 13.	<u> </u>	
X 481 X 4311 1111	(a) Description of investment type	(b) Book value	(c) Method of	valuation
	(a) Boompasti si ilinostriani sype		Cost or end-of-yea	r market value
			-	
	<u></u>		†	

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Tatal (Caluma (b)	must equal Form 990, Part X, col. (B) line 13.)	-		
Part IX Of	must equal Form 990, Part X, col (B) line 13) ther Assets. See Form 990, Part X, line 15.	1	_t	
Pail IX O	(a) Description	····		(b) Book value
	(a) bookingstan			
				
				
				*··= A.
	· · · · · · · · · · · · · · · · · · ·			
				
T-1-1 (O-1) (h)	and and Fee 000 Per V cel (P) Inc 15)		•	
Part X O	must equal Form 990, Part X, col. (B) line 15) ther Liabilities. See Form 990, Part X, line 2	·5		
	(a) Description of liability	(b) Amount		······································
1.		(4) / 4		
Federal income tax	es		_	
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	A CONTRACTOR OF THE PROPERTY O	-	4	
	must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnot	e. In Part XIV, provide the text of the footnote to the organ	ization's financial statement	s that reports the	
organization's liabil	ty for uncertain tax positions under FIN 48			

Sched	dute () (Fa	rm 9	90) 2	2009		TH.	\mathbf{E}	PA	RTI	NEI	RSH	IΡ	F)R	Α	HE	AL	TH	lΥ				64 -	·UB	95	37	2					P	<u>age 5</u>
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SCHEDULE (Form 990)

1545-0047	60
OMB No	20

OMB No 1545-0047		2003	Open to Public	Inspection		
	'n.	ites	21 or 22.		Employer identification number	64-0895372
motive in any of the state of the state of	Grants and Otner Assistance to Organizations,	Governments, and Individuals in the United States	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.	▶ Attach to Form 990.	THE PARTNERSHIP FOR A HEALTHY	MISSISSIPPI, INC.
SCHEDULE	/E & # 1000)	(rom 330)		Department of the Treasury Internal Revenue Service	Name of the organization	•

General Information on Grants and Assistance

Part I

1 Does the si	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant	amount of the grar e? onna the use of ar		or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	ibility for the grants or a	ssistance, and		No X
ल	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments and cipient that rectified is additional specified in additional specified in the contraction of the contraction is a specified in the contraction in the contraction is a specified in the contraction of the contr	d Organi seived mo sace is no	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000 ce is needed	ited States. Comp theck this box if n	elete if the orga o one recipient	nization answe received more	red "Yes" to than \$5,000. Use
-	(a) Name and address of organization or government	(p) 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
	:							
	-							
2 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	ganizations						0 0
For Privac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for	Form 990.					Schedule I (Form 990) 2009

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

64-0895372

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.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLA	SCHOLARSHIPS	45	43,833			
Part (V	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to pr	rovide the information	n required in Part I, lir	ne 2, and any other additior	nal information

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANT RECIPIENTS ARE MONITORED TO ENSURE THAT THE GRANT OBJECTIVES ARE

ACCOMPLISHED THROUGH PERIODIC EVALUATIONS DURING THE GRANT PERIOD AND A

FINAL EVALUATION AT THE END OF THE GRANT.

Schedule I (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

▶ Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE PARTNERSHIP FOR A HEALTHY MISSISSIPPI, INC.

Employer identification number 64 – 0895372

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO PROVIDE EDUCATIONAL INFORMATION AND AWARENESS ABOUT THE IMPACT OF

TOBACCO ON MISSISSIPPI AND TO IMPROVE THE CULTURE OF HEALTH IN

MISSISSIPPI BY APPLYING LESSONS LEARNED IN TOBACCO PREVENTION TO OTHER

LEADING CAUSES OF DEATH AND DISEASE IMPACTING OUR STATE AND

NATION.

FORM 990, PART III, LINE 2

THE ORGANIZATION BEGAN PROVIDING PROGRAM SERVICES RELATED TO OBESITY

PREVENTION DURING THE CURRENT YEAR.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

PROVIDING INFORMATION FOR GOVERNMENT OFFICIALS, MONITORING LEGISLATIVE

ACTIVITIES, PROMOTION OF CLEAN INDOOR AIR POLICIES, AND PROVIDING OBESITY

PREVENTION AND TOBACCO PREVENTION PROGRAMS THROUGHOUT THE STATE.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
THE ORGANIZATION EXPANDED ITS MISSION STATEMENT TO INCLUDE OTHER LEADING
CAUSES OF DEATH AND DISEASE IMPACTING THE STATE IN ADDITION TO TOBACCO.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATION'S EXECUTIVE DIRECTOR AND BOARD CHAIRMAN REVIEW THE FORM
990 PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

2.5

THE PARTNERSHIP FOR A HEALTHY

Employer identification number 64-0895372

NEW CONTRACTUAL RELATIONSHIPS ARE REVIEWED TO PREVENT CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EVALUATIONS WERE COMPLETED AND SALARIES WERE COMPARED TO OTHER NOT-FOR-PROFITS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS EVALUATIONS WERE COMPLETED AND SALARIES WERE COMPARED TO OTHER NOT-FOR-PROFITS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

64-0895372

Federal Statements

Form 990 - Federal General Footnote

Description

THE FORM 990 REFLECTS COMPENSATION IN PART VII. HOWEVER, THE ORGANIZATION UTILIZES A "PEOPLE LEASE" COMPANY FOR ALL PERSONNEL COSTS AND THEREFORE HAS NO DIRECT EMPLOYEES.

FORM 990 PART IX REFLECTS NO FUND-RAISING EXPENSES BECAUSE THE ORGANIZATION RECEIVED THE MAJORITY OF ITS FUNDING FROM THE STATE OF MISSISSIPPI. AS A RESULT, FUND-RAISING EXPENSES ARE NOT INCURRED BY THE ORGANIZATION.

Form **8868**

Department of the Treasury

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Type or Name of Exempt Organization Employer identification number THE PARTNERSHIP FOR A HEALTHY print MISSISSIPPI, INC. 64-0895372 File by the due date for Number, street, and room or suite no. If a P O, box, see instructions filing your 210 617 RENAISSANCE WAY return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions RIDGELAND MS 39157 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of DARA BARIOLA Telephone No. ▶ 601-898-7188 FAX No. ▶ 601-898-7189 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is l. If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 01/15/11, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year tax year beginning 06/01/09, and ending 05/31/10. If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

W. Budett Russ, CAA

10-23-10