

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



STATUTE CLEARED

Rec in Batching/ APR 1 1 2014

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No. 1545-1150

2010

Open to Public Inspection

Part Revenue, Expenses, and Changes in Net Assets or Fund Battances (see the instructions for Part I.) Part Revenue, Expenses, and Changes in Net Assets or Fund Battances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question of the part (see the organization used Schedule O to respond to any question of the part (see the organization used Schedule O to respond to any question of the part (see the organization used Schedule O) Part P	ΑF	For the	2010 calend	dar year, or tax year beginning	January 1	, 2010,	and ending	Dec	ember	31 , 20 10
Number and street (pr P 0 box, if mail is not delivered to street address)	В	Check If a	pplicable	C Name of organization				D Empl	oyer id	entification number
Positive return Positive		Address o	change					1	2	6-4263370
Territorinate Coly or flow, statio or eountry, and 2/P + 4 F Group Exemption Number P Ridgeland, MS 39158-0653 Solicid Accounting Method Col station Col statio	=		•	Number and street (or P O box, if mail is	not delivered to street address)		Room/suite	E Telep	hone n	umber
City or form, state or country, and ZP+ 4 Prompte Exemption	_			P. O. Box 653					60	1-316-5541
Ridgeland, MS 39183-0653 Number Number Acroust Cher (specify) H Check If the organization is not accounting who will care the provided in the organization is not accounted by the provided in the provided in the organization is not account from such or assets of 506(4) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postard) may be required (see instructions). But if the organization choose to file a return, be sure to file a complete return. Add lines 50, 6c, and 7b, to line 9 to determine gross receipts are \$20,0000 or more, or if total assets (Part II, Inne 25, column (8) below) are \$500,000 or more, file Form 990-Network or Form 990-EZ or Form 990-E	=			City or town, state or country, and ZIP +	4			F Grou	р Ехеі	mption
Second Method: Cash Accrual Other (specify) H Check If the organization is not required to attach Schedule B Tax-exempt status (break roly one)	=			Ridgeland, MS 39158-0653				Num	iber ▶	• '
Website: www.msu-alumni.com Tax-exempt status (check only one) Z 501(ci)(3) \$01(ci)(1) \$1 (mean not) \$1 (mean n				✓ Cash	pecify) >	_	Н	Check	▶ □	f the organization is not
Tax-exempt status (check only one) Z 501(c)(3) 301(c)(1) 4 (near no) 4947(e)(1) or 527 Form 990, 990-EZ, or 890-PF)			-	•		_				-
Check					c) () ◀ (insert no.) ☐ 49	47(a)(1) or		•		
Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization choose to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (6) below) are \$500,000 or more, the Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Batances (See Attributions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) Check if the organization used Schedule O to respond to any question in the structions for Part I.) The struction of the struction in the struction of the struction in the struction of the struction in the st								<u> </u>	<u> </u>	
10 file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II) line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part Revenue, Expenses, and Changes in Net Assets or Fund Battances (Seegalt instructions for Part II.) Check if the organization used Schedule O to respond to any question in the sum of such and such assets of the contracts of the contract of the										
Part Revenue, Expenses, and Changes in Net Assets or Fund Batances (segritary instructions for Part I.) Check if the organization used Schedule O to respond to any question in this part				•	, , -,		•	,		3
Part Revenue, Expenses, and Changes in Net Assets or Fund Batances (segritary instructions for Part I.) Check if the organization used Schedule O to respond to any question in this part	ĹA	dd lines	5b, 6c, and 7	7b, to line 9 to determine gross receipts.	If gross receipts are \$200,000	or more,	or if total assets	(Part II,		
Revenue, Expenses, and Changes in Net Assets or Fund Batances (segritis instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part. 1 Contributions, gifts, grants, and smilar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 Membership dues and assessments. 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses. 5 Gross amount from sale of assets other than inventory 6 Less: cost or other basis and sales expenses. 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than strictions from fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sport or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sport or (loss) from sales of inventory (Subtract line 7b from line				•					▶ €	118,035
Check if the organization used Schedule O to respond to any question mittal arial. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5a Gross amount from sale of assets other than inventory. 5b Less: cost or other basis and sales expenses. 6 Gaming and fundraising events. a Gross income from gaming (attach Schedule G if greater than strong from fundraising events (and including \$ 9.628 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). b Gross income from fundraising events (not including \$ 9.628 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a Gross sales of inventory, less returns and allowances. 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line \$1.00 for the contributions from graning and fundraising events (add lines 6a and 6b and subtract line \$6.00 for the contributions from line \$1.00 for the contributions f				<u> </u>		Ratanz	ner/seeving	instruc	tions	for Part I)
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). 6 Gross income from gaming (attach Schedule G if greater than \$15,000). 7 Gross income from fundraising events (not including \$ 9,528 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross sales of inventory, less returns and allowances. 8 Less: cost of goods sold. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salanes, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors of Revenue. Securical 13. 14 Cocupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year(from line 9). 10 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Section of the Payment Reduction Act Notices see the separate the sections. 21 Call No 10521		arti	Check if	f the organization used Schedule	e O to respond to any a	പടലുവും പുരുപ്പുല	orthus Banto	11130100		_
Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from gaming (attach Schedule G if the sum of such gross income and contributions screedes \$15,000) C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) ANET income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gaross sales of inventory, less returns and allowances B Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7b) Other revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Cottage of the substance of the substan	_	1						7		
Membership dues and assessments		1								
Investment income Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 9, 5d, 5d, 5d, 5d, 5d, 5d, 5d, 5d, 5d, 5d		1	-			Vb	R-1 -4 -2014		-	
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 9,628 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 6). 7 Total revenue (describe in Schedule O). 7 Total revenue (describe in Schedule O). 7 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 7 Total revenue, other compensation, and employee benefits 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 7 from line 9). 19 Net assets or fund balances at beginning of year (Iron line 9). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at end of year (Compine lines villatinous). 22 Callyo 10621.				•						
b Less: cost or other basis and sales expenses		1				TPR	BRANCH	٠ ا	5.7E % A	219
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		1			•	5a_	AGDEN		[5]	
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000). B Gross income from fundraising events (not including \$ 9,628 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). C Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 3b, Froce Sonna Gross) 8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c C C Gross and smillar amounts paid (list in Schedule O) 10 Grants and smillar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors incinnation. Ohio 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 9) Net assets or fund balances at beginning of year (from line 9) Net assets or fund balances at beginning of year (from line 9) Net assets or fund balances at beginning of year (from line 9) Net assets or fund balances at beginning of year (from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year. Combine lines lighthrough 2014 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines lighthrough 2014 22 Other changes in each and of year. Combine lines lighthrough 2014 23 Printing, publications, postage and of year. Combine lines lighthrough 2014 24 Departme		1		•					فتقلين	_
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ 9,628 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events [66] 58,877 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances 7a 0 0 6d 18,664 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 3h 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1]			inventory (Subtract line t	ob from li	ne 5a)	٠ ٠	5c	0
\$15,000) b Gross income from fundraising events (not including \$ 9,628 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6	-	-						
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a 0 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7). 7b Other revenue (describe in Schedule 0). 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractor of the compensation of the compensation. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule 0). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 9). 10 Other changes in net assets or fund balances at end of year. Combine lines slightly funds. 18 Excess or fund balances at end of year. Combine lines slightly funds. 19 Other changes in net assets or fund balances at end of year. Combine lines slightly funds. 10 Cat No 1062! 10 Form 990-EZ (2016).	ø.	а		·	edule G if greater tha	1 1	ı	-	100 m	
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a 0 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7). 7b Other revenue (describe in Schedule 0). 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractor of the compensation of the compensation. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule 0). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 9). 10 Other changes in net assets or fund balances at end of year. Combine lines slightly funds. 18 Excess or fund balances at end of year. Combine lines slightly funds. 19 Other changes in net assets or fund balances at end of year. Combine lines slightly funds. 10 Cat No 1062! 10 Form 990-EZ (2016).	Ž							0		
sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7a Gross sales of inventory, less returns and allowances. 7a 0 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7). 7b Other revenue (describe in Schedule 0). 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractor of the compensation of the compensation. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule 0). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 9). 10 Other changes in net assets or fund balances at end of year. Combine lines slightly funds. 18 Excess or fund balances at end of year. Combine lines slightly funds. 19 Other changes in net assets or fund balances at end of year. Combine lines slightly funds. 10 Cat No 1062! 10 Form 990-EZ (2016).	Ş.	b		<u>-</u> .			contribution	s		
c Less: direct expenses from gaming and fundraising events 66 55.877 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 18,664 7a Gross sales of inventory, less returns and allowances 7a 0 b Less: cost of goods sold 7a 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a 7b 7c 7c 7c 7c 7c 7c 8 Other revenue (describe in Schedule O) 7c 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c 8 Other revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c 8 Other sevenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c 8 Other sevenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c 8 Other sevenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7c 8 Other expenses (describe in Schedule O) 7c 11 Benefits paid to or for members 10 12 Salaries, other compensation, and employee benefits 7c 13 14 Occupancy, rent, utilities, and maintenance 11 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 16 16 16 16 16 16 16	æ	}			•	e	ı			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7b, Frocessin) 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the first of the revenue of the revenue sale and shipping 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 9) 19 Net assets or fund balances at end of year. Combine lines 18 list through 2014 20 Other changes in net assets or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net assets or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net assets or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net assets or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances at end of year. Combine lines 18 list through 2014 11 Set Net asset or fund balances 2015 11 Set Net asset or fund balances 2015 12 Set Net asset or fund bala			sum of suc	ch gross income and contributions	s exceeds \$15,000)			77,541		
line 6c) 7a Gross sales of inventory, less returns and allowances 7a Gross sales of inventory, less returns and allowances 7a Description (loss) from sales of inventory (Subtract line 7b from line 7b, Processing 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 20 Salaries, other compensation, and employee benefits 11 Description (list) (lis		С				-				
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		d	Net incom	ie or (loss) from gaming and fund	draising events (add line	s 6a and	d 6b and sub	otract		
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)			line 6c) .						6d	18,664
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		7a	Gross sale	s of inventory, less returns and al	lowances	7a		0	经证	
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		b	Less: cost	of goods sold		TEZO.		0	ið Si	
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		С	Gross prof	it or (loss) from sales of inventory	(Subtract line 7b from lin	CAL.	Prov	[7c	0
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		8	Other reve	nue (describe in Schedule O)		o res	Porcessi	, . l	8	0
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8	. LEC	FILTENCE	ا بار،	9	59,158
Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/ column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines (Bithrough 2014 For Paperwork Reduction Act Notice, see the separate instructions. 22 Cat No 10642 Form 990-EZ (2016)		10	Grants and	sımılar amounts paid (list in Sch	edule O) /	MAR. L.	15. J.		10	47,775
Total expenses. Add lines 10 through 16		11	Benefits pa	aid to or for members		``''. \	7/1	[11	0
Total expenses. Add lines 10 through 16	<u></u>	12	Salaries, o	ther compensation, and employed	e benefits Inter		~. <i>UI</i> :4	[12	0
Total expenses. Add lines 10 through 16	HS.	13	Profession	al fees and other payments to ind	ependent contractors	Revo	· · .	[13	0
Total expenses. Add lines 10 through 16	8	14	Occupancy	y, rent, utilities, and maintenance	· · · · · · · · · · · · · · · · · · ·	Cinna	16. Sec	[14	0
Total expenses. Add lines 10 through 16)reg	15	Printing, pi	ublications, postage, and shipping]		Ohio Vice	[15	545
17 Total expenses. Add lines 10 through 16		16	Other expe	enses (describe in Schedule O)	·			1	16	16,015
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 2/2 column (A)) (must agree with end-of-year figure reported on prior year's return 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 Net assets or fund balances at end of year. Combine lines 18 through 2014 21 Net assets or fund balances at end of year. Combine lines 18 through 2014 22 Cat No 106421 23 Form 990-EZ (2016)	ا ہ≾ٰ	I	•	•				. ▶ Ì		64,335
Net assets or fund balances at beginning of year (from line 2/column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule 0)	5				17 from line 9)			1		(5,177)
For Paperwork Reduction Act Notice, see the separate instructions Cat No 10642 Form 990-EZ (2010	6					ишп (А))	(must_agree	with		 -
For Paperwork Reduction Act Notice, see the separate instructions Cat No 10642 Form 990-EZ (2010	រួម		end-of-vea	ar figure reported on prior year's r	eturn/ CEIVED	OSC	208			46,239
For Paperwork Reduction Act Notice, see the separate instructions Cat No 10642 Form 990-EZ (2010	2	20	=	= :		7				526
For Paperwork Reduction Act Notice, see the separate instructions Cat No 10642 Form 990-EZ (2010	z z								\longrightarrow	
OP's 1 Dent 10							No. 106431			
	Ø	. uperv			OP's 1 De	ry DD	,,0 104721	1		200 (2010)

IRS OGDEN, UTAH

1

Form 990-EZ (2010) Page 2 Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 46,239 22 41,588 Land and buildings . . 23 0 23 0 24 Other assets (describe in Schedule O) 0 24 0 25 Total assets 46,239 25 41,588 Total liabilities (describe in Schedule O) 26 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 46,239 27 41,588 Part III Statement of Program Service Accomplishments (see the instructions for Part III.) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? **Educational Scholarships** organizations and section Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe 4947(a)(1) trusts, optional the services provided, the number of persons benefited, and other relevant information for each program title. for others) Our Alumni Chapter provides scholarships to local students attending Mississippi State University (MSU) We provide approximately 7 scholarships a year. Five \$2,000 scholarships are awarded to Senior High School students who attend school within Hinds, Madison, and Rankin Counties. We also provide two \$1,000 (Grants \$ 47,775) If this amount includes foreign grants, check here 28a 47,775 29 (Grants \$ 0) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 47,775 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (b) Title and average (c) Compensation (If not paid, enter -0-.) (d) Contributions to (e) Expense (a) Name and address employee benefit plans & deferred compensation hours per week devoted to position account and Jonathan Lee President - Unknown P.O. Box 653 Ridgeland, MS 39158 n 0 0 John Pitts Vice President- 1 hour P.O. Box 653 Ridgeland, MS 39158 O 0 0 Lora Cox, Treasurer - Unknown P.O. Box 653 Ridgeland, MS 39158 O 0 0 Brittany Martin, Secretary - 1 hour P O. Box 653 Ridgeland, MS 39158 0 0 0

Form 990-EZ (2010) Page 3 Part V Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4). 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a b 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ [37a] 37a b 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved h 0 Section 501(c)(7) organizations. Enter: 39 0 а 0 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ► 0 ; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40h Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed. ► Mississippi 41 42a The organization's books are in care of ▶ Selena Davis Telephone no. ▶ 601-316-5541 Located at ▶ P.O. Box 653 Ridgeland, MS 39158-0653 7IP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be Did the organization receive any payments for indoor tanning services during the year? 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

Form 99	90-EZ (2	2010)						Pag	ge 4
								Yes	No
45		ny related organization a controlled en					45		✓
а	Did 1	the organization receive any payment	from or engage in any transaction	on with	a controlled	entity within the	建华		2005 1800
		ning of section 512(b)(13)? If "Yes,"			to be comp	eleted instead of	STE		1
40		n 990-EZ (see instructions)					45a	£ 1100 mbr 12	√
46		the organization engage, directly or in andidates for public office? If "Yes," of the contract					46	ince i	✓
Part	VI	Section 501(c)(3) organizations	and section 4947(a)(1) none	exem	pt charitab	le trusts only. A	II sec	tion	
		501(c)(3) organizations and section and 52, and complete the tables	on 4947(a)(1) nonexempt char	ritable	trusts mus	t answer questic	ns 4	7–49b	
		Check if the organization used Sch		nation	in thin Dort \	Л			
		Check if the organization used Sci	redule O to respond to any que	2511011	III IIIIS Fart V	<u> </u>	<u> </u>	Yes	<u> </u>
47	Did t	the organization engage in lobbying a	ectivities? If "Ver " complete Sch	adula (Port II		47	165	./
48		e organization a school as described in				 F	48		*
49a		the organization make any transfers to					49a	-+	*
b		es," was the related organization a se		-			49b		<u></u>
50		plete this table for the organization's					truste	es and	key
	emp	loyees) who each received more than	\$100,000 of compensation from		_	f there is none, en	ter "N	one."	
	(a) Na	ame and address of each employee paid more	(b) Title and average hours per week	(c) (Compensation	(d) Contributions to employee benefit plans &		Expense	
		than \$100,000	devoted to position			deferred compensation		allowand	
None									
							ļ.—		
				ŀ					
				-					
				 					
	-						_		
f	Total	number of other employees paid over	er \$100,000 ▶						
51		plete this table for the organization's			ent contracto	ors who each rece	eived	more t	than
	\$100	,000 of compensation from the organ		None."					
		(a) Name and address of each independent co	ntractor paid more than \$100,000		(b) Typ	e of service	(c) Cor	mpensati	on
None									
					L				
d	Total	number of other independent contra	ctors each receiving over \$100,0	000 .	.▶				
52		he organization complete Schedule A		anizatio	ons and 4947				
		xempt charitable trusts must attach a	<u> </u>		· · · ·		Yes		
Under po	enalties rect, an	of perjury, I declare that I have examined this rend complete. Declaration of preparer (other than	eturn, including accompanying schedules i officer) is based on all information of whic	and stat ch prepa	tements, and to rer has any knov	the best of my knowled wledge.	ge and	i belief, it	i IS
	<u> </u>		·····						
		1 Salamas David			1	3-5-14			
Sign		Signature of officer Date							
Here		Selena Davis, Trasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		
Prepa	arer					self-employed			
Use (Firm's name ▶			F	imi's EIN ▶			
		Firm's address ▶	1 00		F	Phone no	1		
May th	e IRS	discuss this return with the preparer	shown above? See instructions			▶ 🗸	Yes	No	0

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.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
Central MS Chapter of the MSU Alumni Association

Employer identification number 26-4263370

∴Pa	rt I Reason	for Public Cha	rity Status (All orga	anizatior	ns must o	complet	e this pa	ırt.) See i	instructio	ons.
The			ation because it is: (Fo							
1			ches, or association of			ed in se e	ction 170	(b)(1)(A)(i).	
2			170(b)(1)(A)(ii). (Atta							
3			spital service organiz							
4			on operated in conjun	ction wit	h a hospi	tal descr	ibed in se	ection 17	0(b)(1)(A)	(iii). Enter the
		me, city, and stat								
5	section 170(b)(1)(A)(iv). (Com	•						vernment	al unit described in
6 7	☐ An organizati	on that normally	nment or government receives a substantia (A)(vi). (Complete Pa	al part of					nıt or fron	the general public
8	☐ A community	trust described	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)				
9			receives: (1) more that							
			d to its exempt funct							
			ent income and unre						n 511 ta	x) from businesses
40			after June 30, 1975. Se				•		(4)	
10			d operated exclusively							
11			nd operated exclusive olicly supported organ							
			describes the type of							
	a Type				oe III-Fun		•		d [
۵			that the organization						_	_ ,,
·			ers and other than on							
	or section 509		or and other than on	0 01 11101	o publicity	Juppoit	.ca organ	124110110	2030(1000	111 30011011 003(4)(1)
f			a written determination	on from	the IRS	that it is	a Type	I. Type	II. or Tvp	e III supportina
g	Since August	17, 2006, has t	he organization accep	pted any	gift or c	ontributio	on from a	any of the	•	
	following pers	sons?						•		
			ndirectly controls, eit							d Yes No
	(III) below,	the governing be	ody of the supported	organizat	tion?					11g(ı)
	(ii) A family m	nember of a perse	on described in (i) abo	ove?						11g(ii)
			a person described in							11g(m)
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s).					
(i)	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col. (I) lı	organization sted in your document?	the orga	you notify nization in of your port?	organızat (i) organı	Is the tion in col ized in the S?	(vii) Amount of support
			(400	Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)	 -			-				-		
		The second section	F. B. D. L. S.	Harry Walt	ন্ত্ৰ ক্ষাণ্ডত শ	12. 13. 13. 13. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	SECTION STATE	C. (FREWITTE	建工作的第一次	
Total					数点流		京学型		は記述	
		I carried a net red market	Property of the second of the	1.c. / 2.25 (+ /)	To be to carried	100 "6 9 25 No. 10 6 10 5	TONG WINDS	Task into the contract a	TRUE BECKE	

Schedule A (Form 990 or 990-EZ) 2010

Page 2

Par		itions Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	() 0000				1-772 . 2	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•				12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop her			<u> </u>	· · · · ·	<u> </u>	🕨 📋
	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch		•			14	<u>%</u>
15 16a	331/3% support test—2010. If the organiz			on line 13, and			
	box and stop here. The organization qual						
b	331/3% support test—2009. If the organ check this box and stop here. The organization	ızatıon did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	10. If the orga	inization did no	ot check a box	on line 13, 16		line 14 is
	Part IV how the organization meets the "fa organization	acts-and-circu		t The organiza			
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization me Explain in Part IV how the organization me	on meets the	facts-and-ci	rcumstances"	test, check th	is box and ste	op here
18	supported organization						. 🕨 🗆
	instructions			<u></u>	<u></u>	<u> </u>	. ▶ 🗆

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Coat	in the organization rails to quality	runder the te	sts listed bei	ow, please co	implete Part	II.)	
	ion A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	/f) Total
Caler 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees				<u> </u>		(f) Total
	received (Do not include any "unusual grants.")	0	0	0	0	39,055	39,055
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	O	0	77,541	77,541
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
6	Total. Add lines 1 through 5	0	0	0	0	116,596	116,596
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)	語が記述					116,596
	on B. Total Support						
	idar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	0	0	0	116,596	116,596
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	279	279
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	279	279
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	o	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	116,875	116,875
14	First five years. If the Form 990 is for the organization, check this box and stop her	-				ear as a section	
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2010 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2009 Sch	nedule A, Part I	II, line 15 .	<u> </u>	. <u></u>	16	%
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2010 (17	%
18	Investment income percentage from 2009 Schedule A, Part III, line 17						
19a	331/3% support tests—2010. If the organi 17 is not more than 331/3%, check this box 3	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on
an p	331/3% support tests—2009. If the organization die 18 is not more than 331/3%, check this between the private foundation. If the organization die	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported organi	zation 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2010							
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. Also complete this part for any additional information. (See instructions).	<u> </u>					
•							
		-					
							

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Name of the organization Employer identification number Central MS Chapter of the Mississippi State Alumni Association 26-4263370 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, e Solicitation of non-government grants а ☐ Internet and email solicitations ☐ Solicitation of government grants Phone solicitations **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) organization col (i) Yes No 1 2 3 6 Я 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule	G (For	m 990 a	r 990-	F7) 2	2010

Page 2

P	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1 Summer Extravaga (event type)	(b) Event #2 Evening in Maroon (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable	23,315	17,300	34,954	75,569
Œ		contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	23,315	17,300	34,954	75,569
	4	Cash prizes	О	0	0	0
	5	Noncash prizes	0	0	0	0
nses	6	Rent/facility costs	6,000	1,300	3,996	11,296
Direct Expenses	7	Food and beverages	1,744	14,487	7,481	23,712
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses .	6,642	3,805	10,972	21,419
Pa	10 11 Int III	Direct expense summary. Ad Net income summary. Combi Gaming. Complete if the than \$15,000 on Form 99	ine line 3, column (d), ar organization answer	nd line 10		(56,427) 19,142 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1_	Gross revenue			· · · · · · · · · · · · · · · · · · ·	
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
rect						
ā	4	Rent/facility costs				
<u> </u>	4 5	Rent/facility costs Other direct expenses .		D Va. 0/	No. 9/	marti 1 20 mg alam marti sa
<u>ā</u> —		-	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes%	
<u> </u>	5	Other direct expenses .	☐ No	□ No		()
<u>-</u>	5	Other direct expenses . Volunteer labor	No No d lines 2 through 5 in co	No Olumn (d)	No	()
9	5 6 7 8 En	Other direct expenses Volunteer labor Direct expense summary. Add Net gaming income summary neter the state(s) in which the organization licensed to open	No d lines 2 through 5 in co	No Plumn (d)	No N	()

Sched	lule G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	
13	Indicate the percentage of gaming activity operated in:	⊔ res	☐ No
а	<u> </u>		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ►		
15a			
	revenue?	☐ Yes	☐ No
b			
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Dort	spent in the organization's own exempt activities during the tax year \$	Ob	
rait	Supplemental Information. Complete this part to provide the explanations required by Part I, II columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).	ne 26, iplete th	nis

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

Central MS Chapter of the Mississippi State University Alumni Association	26-4263370
Form 990EZ Part I Line 10	
\$25,000 paid to Central MS Mississippi State University Alumnı Chapter Endowed Scholarship Fund @	Mississippi State University
\$1,075 paid to Central MS Chapter Annual Scholarship Fund @ Mississippi State University	
\$10,000 paid to Central MS State Pride Annual Scholarship Fund @ Mississippi State University	
\$325 paid to William D. & Cleo W. Baker Endowed Scholarship Fund @ Mississippi State University	
\$200 paid to Central MS Chapter Annual Scholarship Fund @ Mississippi State University	
\$2,500 paid to Bulldog Club Athletic Scholarship Program @ Mississippi State University	
\$500 paid to Central MS Chapter Annual Scholarship Fund @ Mississippi State University	
\$4,600 paid to Central MS Chapter Annual Scholarship Fund @ Mississippi State University	
\$1,000 paid by Siemens on behalf of Central MS Alumni Chapter to Mississippi State University Schola	ership Fund
\$2,575 paid to Central MS Chapter Annual Scholarship Fund @ Mississippi State University	
Form 990EZ Part I, Line 20	
A correcting entry was made to the 990EZ to ensure that it balanced with the Chapter's Financial recor	ds. It is unknown why there is a
variance, but the difference appears immaterial; therefore, we pass on further review.	
Form 990EZ Part I Line 16 Other Expenses:	
Send Off Party \$2,471	
Young Alumni \$1,343	
Dawg Days \$1,669	
Student Recruitment \$637	
Road Dawg \$4,250	
Miscellaneous \$5,644	

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization Employer identification number Central MS Chapter of the Mississippi State University Alumni Association 26-4263370 Part III - Statement of Program Service Accomplishments Line 28 continued -----Scholarships to Junior College transfer students. Our scholarships are meant to aid deserving students who want to attend MSU, but are in need of financial assistance. Scholarships are awarded based on financial need, grades, ACT/SAT scores, community service, character, and leadership ability. Our organization was able to make donations to our Endowed Scholarship. (See above explanation to Part I, line10.) The majority of monies raised are to fund scholarships. Our long-term goal is to be able to raise more money through donations/ contributions and fundraising to provide additional scholarships to future students.