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2011

Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization	MISSISSIPPI HERITAGE TRUST
Number and street (or P O box, if mail is not delivered to street address)	POST OFFICE BOX 577
City or town, state or country, and ZIP + 4	JACKSON, MS 39205

D Employer identification number	58-2020318
E Telephone number	(601) 354-0200
F Group Exemption Number	►

G Accounting method Cash Accrual Other (specify) ► _____**H Check** **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► WWW.MISSISSIPPIHERITAGE.COM**J Tax-Exempt status** (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527**K Check** **if the organization is not a section 509(a)(3) supporting organization or a section 527 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-postcard) may be required (see instructions). But if the organization chooses 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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 153,326****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 103,682
	2 Program service revenue including government fees and contracts	2 39,595
	3 Membership dues and assessments	3
	4 Investment income	4 50
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c 19,462
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d -19,462
	7a Gross sales of inventory, less returns and allowances	7a 9,999
	b Less cost of goods sold	7b 505
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 9,494
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 133,359
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 56,465
	13 Professional fees and other payments to independent contractors	13 27,478
	14 Occupancy, rent, utilities, and maintenance	14 17,610
	15 Printing, publications, postage, and shipping	15 4,006
	16 Other expenses (describe in Schedule O)	16 155,394
	17 Total expenses. Add lines 10 through 16	17 260,953
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -127,594
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 197,146
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 69,552

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	117,514	22 0
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	100,931	24 100,729
25 Total assets	218,445	25 100,729
26 Total liabilities (describe in Schedule O)	21,299	26 31,177
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	197,146	27 69,552

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

MISSISSIPPI HERITAGE TRUST WORKS TO SAVE AND RENEW PLACES MEANINGFUL TO
MISSISSIPPIANS AND THEIR HISTORY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 10 MOST ENDANGERED HISTORIC PLACES PROGRAMPUT TOGETHER THE NEW LIST OF THE 10 MOST ENDANGERED HISTORIC PLACES FOR 2011 PRODUCED THE NEW EXHIBIT FOR THE LIST WHICH WAS UNVEILED AT THE 10 MOST ENDANGERED HISTORIC PLACES EVENT IN JACKSON ON APRIL 28TH, PLANNED AND EXECUTED BY MHT FOR THE EVENT A NEW 10 MOST BOOKLET WAS PRODUCED WITH THE LISTING OF THE 2011 SITES AND UPDATES ON THE STATUS OF PREVIOUS SITES ON THE 10 MOST LIST THE 10 MOST EXHIBIT TRAVELED ACROSS THE STATE AFTER THE EVENT IN APRIL WITH STOPS AT THE OLD CAPITOL MUSEUM IN JACKSON, PASCAGOULA, OCEAN SPRINGS, GAUTIER, PASS CHRISTIAN, AND THE HINDS COUNTY COLLEGE CAMPUS IN PEARL 2011 PRESERVATION CONFERENCE THE ONE DAY CONFERENCE WAS HELD IN JACKSON ON APRIL 29TH IN PARTNERSHIP WITH THE MISSISSIPPI DEPARTMENT OF ARCHIVES AND HISTORY THE CONFERENCE FOCUSED ON RENOVATING HISTORIC HOMES APPROXIMATELY 60 PEOPLE ATTENDED THE CONFERENCE ADVOCACY SUCCESSFULLY WORKED WITH OUR PRESERVATION PARTNERS (MISSISSIPPI DEPARTMENT OF ARCHIVES AND HISTORY, MISSISSIPPI MAIN STREET ASSOCIATION, AND THE NATIONAL TRUST FOR HISTORIC PRESERVATION) ON GETTING THE STATE PRESERVATION TAX CREDIT REAUTHORIZED SPOKE TO NUMEROUS ORGANIZATIONS ACROSS THE STATE ABOUT THE IMPORTANCE OF HISTORIC PRESERVATION AND TOOLS TO HELP COMMUNITIES PRESERVE THEIR HISTORIC RESOURCES EDUCATION WORKED WITH THE MISSISSIPPI DEPARTMENT OF ARCHIVES AND HISTORY, HISTORIC NATCHEZ FOUNDATION, AND THE NATCHEZ NATIONAL HISTORIC PARK ON DEVELOPING A PRESERVATION TRADES SCHOOL AT CO-LIN COMMUNITY COLLEGE NATCHEZ CAMPUS LOCAL PRESERVATION ASSISTANCE WORKED WITH COMMUNITIES ON LOCAL PRESERVATION ISSUES PREPARED SUPPORT LETTERS FOR PRESERVATION ORGANIZATIONS AND PROJECTS ACROSS THE STATE INCLUDING SUPPORTING LOCAL PRESERVATION EFFORTS, RECOMMENDING PROJECTS FOR GRANTS, ETC MEMBERSHIP SENT OUT LETTERS EACH MONTH TO THOSE WHO HAD MEMBERSHIPS EXPIRING ASKING FOR RENEWAL OF MEMBERSHIPS LOWRY HOUSEPUT THE EXTERIOR PHASE OF THE LOWRY HOUSE REHABILITATION PROJECT OUT TO BID AND SELECTED A CONTRACTOR TO COMPLETE THE WORK THE CONTRACTOR BEGAN WORK ON THE EXTERIOR RESTORATION OF THE HOUSE AND COMPLETED MOST OF IT BY THE END OF 2011 WORK INCLUDED RESTORATION OF THE WINDOWS AND DOORS BACK TO WORKING CONDITION, REPAIR OF SIDING WHERE NECESSARY, PAINTING OF THE SIDING, INSTALLATION OF A NEW ROOF, AND REPAIR TO THE PORCHES WORK CONTINUED ON THE ARCHITECTURAL PLANS FOR THE INTERIOR REHABILITATION BY THE ARCHITECT CLOSED OUT THE FIRST COMMUNITY HERITAGE PRESERVATION GRANT FOR THE LOWRY HOUSE, WHICH WAS USED TO MOVE THE HOUSE, INSTALL A NEW FOUNDATION, AND PREPARE THE ARCHITECTURAL PLANS FOR THE EXTERIOR AND INTERIOR REHABILITATION SUBMITTED A GRANT APPLICATION TO THE MISSISSIPPI DEPARTMENT OF ARCHIVES AND HISTORY FOR THE INTERIOR REHABILITATION PHASE THE GRANT WAS APPROVED IN DECEMBER OF 2011 FOR THE AMOUNT OF \$134,500 CONSULTING WORK - GULFPORT - COMPLETED A HISTORIC RESOURCE SURVEY FOR DOWNTOWN GULFPORT ALONG WITH A NOMINATION TO THE NATIONAL REGISTER OF HISTORIC PLACES, WHICH WAS APPROVED IN OCTOBER - EUPORA - COMPLETED A HISTORIC RESOURCE SURVEY ALONG WITH A NOMINATION TO THE NATIONAL REGISTER OF HISTORIC PLACES, WHICH WAS APPROVED IN AUGUST - BALDWYN - COMPLETED A NATIONAL REGISTER OF HISTORIC PLACES NOMINATION, WHICH WAS APPROVED IN AUGUST - BILOXI - COMPLETED A HISTORIC DOCUMENTATION REPORT FOR A HOUSE IN BILOXI - WATER VALLEY - COMPLETED A HISTORIC RESOURCE SURVEY OF DOWNTOWN WATER VALLEY AS WELL AS A NOMINATION TO THE NATIONAL REGISTER OF HISTORIC PLACES, WHICH WAS APPROVED IN NOVEMBER - HERNANDO - COMPLETED A NOMINATION TO THE NATIONAL REGISTER OF HISTORIC PLACES FOR A RESIDENTIAL AREA OF THE CITY - MCCOMB - COMPLETED A HISTORIC RESOURCE SURVEY FOR A RESIDENTIAL AREA OF MCCOMB-STARKVILLE - PARTICIPATED IN A MAIN STREET COMMUNITY PLANNING CHARRETTE FOR DOWNTOWN STARKVILLE, COMPLETED A HISTORIC RESOURCE SURVEY OF DOWNTOWN STARKVILLE-OAKES AFRICAN AMERICAN CULTURAL CENTER - COMPLETED A STRUCTURAL AND PRESERVATION ASSESSMENT ON THE HOUSE LOCATED IN YAZOO CITY MHT WEBSITE CONTINUED TO UPDATE AND MAINTAIN THE MHT WEBSITE THE EVENTS CALENDAR WAS UPDATED THROUGHOUT THE YEAR, AS WELL AS THE HOMEPAGE WHEN NECESSARY NEWS STORIES WERE UPDATED PERIODICALLY REGISTRATION INFORMATION FOR THE 10 MOST EVENT WAS ADDED TO THE SITE WORK CONTINUED ON A LARGER REDESIGN AND EXPANSION OF THE WEBSITE THE REPORT NEWSLETTER ELECTRONIC NEWSLETTERS WERE SENT OUT TO KEEP MHT MEMBERS INFORMED OF PROGRAMS AND ACCOMPLISHMENTS OF MHT AS WELL AS GENERAL PRESERVATION NEWS FROM AROUND THE STATE PRESERVATION PARTNERS MHT CONTINUED TO WORK CLOSELY WITH STATE PARTNERS LIKE THE MISSISSIPPI DEPARTMENT OF ARCHIVES AND HISTORY AND THE MISSISSIPPI MAIN STREET ASSOCIATION TO PROMOTE HISTORIC PRESERVATION ACROSS THE STATE NATIONAL TRUST MEETINGS MHT REPRESENTATIVES ATTENDED THE NATIONAL TRUST FOR HISTORIC PRESERVATION NATIONAL PRESERVATION CONFERENCE IN OCTOBER

(Grants \$ 0) If this amount includes foreign grants, check here 28a 212,104

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 32 212,104

Part IV 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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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 change on Schedule O (see instructions)

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

a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** **0**

b Did the organization file **Form 1120-POL** for this year?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 *Section 501(c)(7) organizations.* Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 **0**, section 4912 **0**, section 4955 **0**

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or 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

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0**

d *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization **0**

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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

42a The organization's books are in care of **MR DAVID PREZIOSI** Telephone no **(601) 354-0200**

Located at **600 EAST AMITE STREET SUITE 201** ZIP + 4 **39201**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country **_____**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country **_____**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here **43** and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

b Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," *Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)*

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		No
40c		
40d		
40e		No
41	MS	
42a	MR DAVID PREZIOSI	(601) 354-0200
600 EAST AMITE STREET SUITE 201		
Located at JACKSON, MS	ZIP + 4	39201
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		No

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		No

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer DAVID PREZIOSI EXECUTIVE DIRECTOR Type or print name and title	2012-07-20 Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> ANGELA BEASLEY PHYFER CPA Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> HORNE LLP 1020 HIGHLAND COLONY PKWY STE 400 RIDGEPLAN, MS 39157	Date 2012-07-20 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) P00439128 EIN <input type="checkbox"/> 20-1941244 Phone no <input type="checkbox"/> (601) 326-1000

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service
Name of the organization
MISSISSIPPI HERITAGE TRUST

Employer identification number

58-2020318

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

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

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

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

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	►

Part III Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	251,361	235,312	125,556	249,874	103,682	965,785
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	83,912	28,794	85,383	16,882	49,594	264,565
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	335,273	264,106	210,939	266,756	153,276	1,230,350
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						1,230,350

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	335,273	264,106	210,939	266,756	153,276	1,230,350
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	608	112	21	10	50	801
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	608	112	21	10	50	801
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	335,881	264,218	210,960	266,766	153,326	1,231,151

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** 

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 930 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	99 940 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 070 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 060 %
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-2020318
Name: MISSISSIPPI HERITAGE TRUST

Form 990-EZ, Special Condition Description:**Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID PREZIOSI POST OFFICE BOX 577 JACKSON, MS 39205	EXECUTIVE DIRECTOR-NONVOTI 40 00	52,553	3,912	0
ALEX THOMAS POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
AMANDA JONES POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
BETHANY STICH POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
BILL LUCKETT POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
BOB WILSON POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
BRAD REEVES POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
BRAD TISDALE POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
FRANK ALLEY POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
GWEN BALL POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
HANK HOLMES POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0
JIM KOPERNAK POST OFFICE BOX 577 JACKSON, MS 39205	TRUSTEE 2 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

**Open to Public
Inspection**

**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.**

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

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

F Attach to Form 990 or Form 990 EZ. **F** See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSISSIPPI HERITAGE TRUST

Employer identification number

58-202031

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

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

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

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

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

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

		(a) Event #1 10 MOST ENDANGERED EVENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	30,350			30,350
	2 Less Charitable contributions . . .	30,350			30,350
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	19,462			19,462
	10 Direct expense summary Add lines 4 through 9 in column (d)				(19,462)
	11 Net income summary Combine lines 3 and 10 in column (d)				-19,462

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

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 No

13 Indicate the percentage of gaming activity operated in

13a

13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
MISSISSIPPI HERITAGE TRUST**Employer identification number**

58-2020318

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 50
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 9,999 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 505 GROSS PROFIT 9,494 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 505 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 505
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 395 DESCRIPTION OTHER EXPENSES AMOUNT 17,215 TOTAL TO FORM 990-EZ, LINE 14 17,610
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION LOWRY HOUSE EXPENSES AMOUNT 135,778 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 843 DESCRIPTION BANK SERVICE CHARGES AMOUNT 2,093 DESCRIPTION MISCELLANEOUS AMOUNT 675 DESCRIPTION CONFERENCES/MEETINGS AMOUNT 5,107 DESCRIPTION INSURANCE AMOUNT 3,888 DESCRIPTION INTEREST EXPENSE AMOUNT 955 DESCRIPTION TRAVEL AMOUNT 2,035 DESCRIPTION PAYROLL TAXES AMOUNT 4,020 TOTAL TO FORM 990-EZ, LINE 16 155,394
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION LOWRY HOUSE BEG OF YEAR AMOUNT 100,000 END OF YEAR AMOUNT 100,000 DESCRIPTION POST OFFICE BULK MAIL ACCOUNT BEG OF YEAR AMOUNT 24 END OF YEAR AMOUNT 57 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 907 END OF YEAR AMOUNT 672
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION CURRENT LIABILITIES BEG OF YEAR AMOUNT 21,299 END OF YEAR AMOUNT 21,446 DESCRIPTION CASH OVERDRAFT BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 9,731

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment
Sequence No 179Name(s) shown on return
MISSISSIPPI HERITAGE TRUSTBusiness or activity to which this form relates
FORM 990-EZ PAGE 1Identifying number
58-2020318**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction Enter the smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10			
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11			
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12			
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 11 ►	13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	363
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		160	50	HY	200 DB	32
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27 5 yrs	MM		S/L	
i Nonresidential real property		27 5 yrs	MM		S/L	
		39 yrs	MM		S/L	
			MM		S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year		12 yrs			S/L	
c 40-year		40 yrs	MM		S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	395
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
39 Do you treat all use of vehicles by employees as personal use?														
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?														
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)														

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 Amortization of costs that begins during your 2011 tax year (see instructions)

43 Amortization of costs that began before your 2011 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: MISSISSIPPI HERITAGE TRUST

EIN: 58-2020318

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.