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For the 2011 calendar year, or tax year beginning

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

Check if applicable

SCANNED SEP 0 7 2012

# **Return of Organization Exempt From Income Tax**

C Name of organization Mississippi Center For Legal Services Corporation

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

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

, 2011, and ending

OMB No 1545-0047

D Employer Identification Number

2011

আর্ডেং ক্রন্ডের্ট তেটিজ্জন

	Address	s change	Doing Business As					64-0	6128	91	
	Name c	change	Number and street (or P O box	if mail is not delivere	ed to street addr)	Room/su	ite	E Telepho	ne numbe	r	
	Initial re	eturn	P. O. Drawer 172	8				(800	) 77	3-1737	
	Termina	ated	City, town or country		State	ZIP code + 4			-		
	Amende	ed return	Hattiesburg		MS	39403		G Gross re	ceints S	3,958,2	74.
	Ħ	ition pending	F Name and address of principal	officer:			(a) Is this	a group return			Yes X No
			Sam Buchanan, Jr P.O.		Hatttiechurg MS	39403 1	(b) Are all	affiliates includ	led?	<b>—</b>	Yes No
	Tay-ovon	npt status	X 501(c)(3) 501(c) (	) <b>▼</b> (inse		527	If 'No,'	attach a list (s	ee instrud		<u>L</u>
<del>.</del>		te: ► N/.	<del></del>	) (11130	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(a) Crous	exemption nur	.h Þ		
ĸ		rganization	X Corporation Trust	Association	Other ► L Y	ear of Formation				al domicile	MS
Pa		Summar		ASSOCIATION	Other L 1	ear or rormanor	1 1 2 /	/   1111 3	ate or leg	ai domicie	P15
U G			e the organization's mission	or most signific	rant activities To	provide fr	e lenal	assistan	re to e	ligible l	ow income
			dvantaged person							1131D16 T	JW INCOME
nce			al and South Mis		<u> </u>						
E											
Activities & Governance	2 Che	eck this box	x If the organization	discontinued its	s operations or disposed	d of more that	an 25% (	of its net as	 sets		
ğ			ing members of the govern						3		21
9 8	4 Nur	mber of ind	lependent voting members	of the governing	body (Part VI, line 1b)				4		21
粪			of individuals employed in o						5		67
ŧ			of volunteers (estimate if ne						6		(
•			d business revenue from Pa						7 a	<del> </del>	0
_	b Net	t unrelated	business taxable income from	om Form 990-1,	line 34		1		7 b		
	0 0-	44		,			$\overline{}$	Prior Year	7.3	Curren	
9			and grants (Part VIII, line 1)					1,261,4		3,9	47,940
Revenue		-	ice revenue (Part VIII, line 2 come (Part VIII, column (A),				<del></del>	16,1 3,7	_		5,821
æ			e (Part VIII, column (A), line:		•		<u> </u>		<u>uz.</u>		4,513
			- add lines 8 through 11 (r		•		<u> </u>	1,281,2	75	3 9	58,274
							<del> </del>	108,0			07,591
	13 Grants and similar amounts paid:(Part IX, column (A), lines 1-3)								31.		37,391
	15 Sal	larioe otho	r compensation, employee	<del>                                     </del>	2,760,2	<u></u>	2 2	51,930			
6	10 Oai		Compensation, employee	<del></del>	2,700,2	90.		31,330			
5	16a Pro	otessional t	undraising fees (Partyly) co		e)						
Expenses	<b>b</b> 100	tai tundrais	ing expenses (Part IX, colur	nn (D), line:26)	·	<u> </u>	<u> </u>	- · - <del></del> · ·			
_	17 Oth	her expens	es (Part IX, column (A), line es <u>Add lines 13-17 (musi</u> ec	s-14a-14d, 11f-2	24e)			1,512,6	58.	1,3	90,266
	<b>18</b> Tot	tal expense	es Add lines 13-17 (musile)	ual/Part IX, çolı	umn (A), line 25)		4	1,380,9	99.	3,8	49,787
_	<b>19</b> Rev	venue less	expenses Subtract line 18	from line 12 .			ļ	-99,7	24.	1	08,487
900							Beginni	ng of Curren	t Year	End of	f Year
0 0 0			Part X, line 16)					L,350,3		1,3	09,239
A P	<b>21</b> Tot	tal liabilities	(Part X, line 26)					527 <u>,</u> 0	18.	3	77,464
ž	<b>22</b> Net	t assets or	fund balances Subtract line	21 from line 20	)	<u> </u>		823,2	88.	9:	31,775
Pe	元( II )元	Signatur	e Block								
Unde	er penalties of	of perjury, I dec	dare that I have examined this return, er (other than officer) is based on all	including accompan	ying schedules and statements,	and to the best	of my know	vledge and beli	ef, it is tru	e, correct, and	
-	Jete Dodare	abon or prepare	LO A	morniagon of which	oreparer rias arry knowledge	<del></del>		~ l. l			
			Man # Forms	$> \sim$				8/6/12	_		
Sig		Signatu	re of officer				U	ate			
He	re		Buchanan, Jr.								
		<del> </del>	print name and title	1		1			<del>- 1</del> .		
		1 "	reparer's name	Preparer's signatu	re	Date		Check	] f  '	PTIN	
Pa		Robert	A. Sulton			08/06/3	L2	self-employe	d I	2006404	30
	eparer	Firm's name		•			_	1			
US	e Only	Firm's addre		Park Cove	e			Firm's EIN ► 64 - 0669040			
		<u> </u>	Ridgeland		MS 3915	7		Phone no			
May	the IRS	discuss this	s return with the preparer sh	own above? (se	ee instructions)		'			Yes	X No

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TEEA0101 07/05/11

Form 990 (2011)

7

Form	n 990 (2011) Mississippi Center For Legal Services Corporation	64-061289	1 Page 2
Par	≅ Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response to any question in this Part III		
1		•	
	To provide free quality legal		
	assistance to indigent poor persons.		<b></b>
	in Central and South Mississippi.		- <b>-</b>
	Did the organization undertake any significant program services during the year which were not listed on the	e prior	
-	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O		res A No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		Yes X No
3		es'	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	s, as measured by ex int of grants and allo	kpenses cations to
	others, the total expenses, and revenue, if any, for each program service reported	or granio and and	
4 8	a (Code) (Expenses \$ 3,442,545. including grants of \$ 107,591.	(Revenue \$	3,583,524.)
	Legal services on behalf of program beneficiaries		<u></u> ,
			<del></del>
			<del>-</del>
		- <b></b>	
			- <b></b>
41	b (Code) (Expenses \$ including grants of \$	(Revenue \$	)
		<del>-</del>	- <b></b>
	c (Code) (Expenses \$ including grants of \$	(Payanus Š	
٠,٠	C (Code) (Expenses \$\sigma micloding grants of \$\sigma	(Revenue 5	,
		<b></b>	<b></b>
			<b></b>
			<b>-</b>
			- <b></b>
			- <b></b>
4 (	d Other program services (Describe in Schedule O )		<del>-</del>
	(Expenses \$ including grants of \$ ) (Revenue	\$	)
4 (	e Total program service expenses ► 3,442,545.		

	Onecknist of Keduneu Ocheudies			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9_		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	х	
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
١	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

	onecknist of frequired ochedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
		23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	E Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	242		
d	any tax-exempt bonds?	24c 24d		
, ,	to be the diguilled and the drift beneat or penaltic beneat outstanding at any time during the year.	470		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
b	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
t	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,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		For	n <b>990</b>	(2011)

omm 990 (2011) Mississippi Center For Legal Services Corporation		64-0612891	<u> </u>	P	age 5
Statements Regarding Other IRS Filings and Tax Compliance					_
Check if Schedule O contains a response to any question in this Part V	<u>.</u>	<u> </u>	<del></del>		للن
		ı		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	50			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	d reportable ga	ming 	1 c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	67			
b If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns?		2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)			I	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	ner authority ov		4 a		х
<b>b</b> If 'Yes,' enter the name of the foreign country	·				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finan	cial Accounts				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	r?		5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train		1	5 b		х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<i>.</i>		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and d solicit any contributions that were not tax deductible?	id the organizat	tion	6 a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contrib not tax deductible?	utions or gifts w	vere	6 b		ļ
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods and				
services provided to the payor?			7 a		х
<b>b</b> if 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?	t was required	to file	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	fit contract?		7 e		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	ontract?		7 f		х
g If the organization received a contribution of qualified intellectual property, did the organization file as required?	e Form 8899		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes,	nızatıon file a		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti supporting organization, or a donor advised fund maintained by a sponsoring organization, have or a support of the property of the p	ng organizatio	ons. Did the			v
holdings at any time during the year?			8		X
9 Sponsoring organizations maintaining donor advised funds.			9.2		v
a Did the organization make any tayable distributions under section 49662			ادرت		ιX

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BA			990 (	(2011
14	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		<u> </u>
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	c Enter the amount of reserves on hand			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Note. See the instructions for additional information the organization must report on Schedule O			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	a Gross income from members or shareholders			
11	Section 501(c)(12) organizations. Enter			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	a Initiation fees and capital contributions included on Part VIII, line 12			
10	Section 501(c)(7) organizations. Enter			
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		х
	a Did the organization make any taxable distributions under section 4966?	9 a		х
9	Sponsoring organizations maintaining donor advised funds.			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			Ŷ
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		Λ.
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		Λ
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	,	Х
	o If 'Yes,' enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1	!	
	Jense II. and Jense Jens			

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FUIII	(2011) MISSISSIPPI Cellicel For Legal Services Corporation 64-0612891		Г	aye o
Pag	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes is Schedule O. See instructions.	n		_
	Check if Schedule O contains a response to any question in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	- <del></del> -		
t	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents	-		<u> </u>
	since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
_	•	•		
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		x
t	o Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
ā	a The governing body?	8 a	Х	
t	Each committee with authority to act on behalf of the governing body?	8ь	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
ŀ	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	x	
(	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a	Х	
	o Other officers of key employees of the organization	15 b	X	
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )	135	â	
	, , , , , , , , , , , , , , , , , , , ,			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
ı	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure			Ь
17	<del></del>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  Barbara Brown  P. O. Drawer 1728  Hattiesburg  MS 39403  (88)	o <u>o)</u> '	7 <u>7</u> 3-:	<u>17</u> 37

Form <b>990</b> (2011)	Mississippi	Center F	or Legal	Services	Corporation	n			64-061	2891_		Page 1
	pensation of ependent Cont		Directors	, Trustees	, Key Emplo	oyees,	Highes	t Comp	ensated	Empl	oyees	, and
Chec	k if Schedule O cor	ntains a resp	onse to any	question in tl	nis Part VII					<b></b>		${ extstyle  $

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

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

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

employees, and former such persons										
Check this box if neither the organization r	or any rela	ated or	rgan	ızatı	on c	ompe	nsat	ed any current officer,	director, or trustee	
(A) Name and title	(B) Average hours per week	unles	ss per	son is direc	tion ore the both stor/tr	an one b an officustee)	ox, er	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi al trustee or director	Furner  High est companished employee  Key employee  Office  Office  Institutional faustee  Individed faustee  or director		Furnei	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
_(1)_Attorney_Harry_Yoste										
Member	4.00	Х	Ш					0.	0.	0.
(2) Attorney Glenda Haynes										
Board Secretary	4.00	Х						0.	0.	0.
_(3)_MrArthur_Walker Member	4.00	Х						0.	0.	0.
(4) Mr. Lang Leflore Member	4.00	Х						0.	0.	0.
(5) Attorney Joe Hudson Member	4.00							0.	0.	0.
(6) Attorney Corey Hinshaw Member		X						0.	0.	
	4.00	Λ						0.	0.	0.
Member	4.00	х						0.	0.	0.
_(8) Attorney Lewis Burke Member	4.00	х						0.	0.	0.
_(9) Attorney Michael Adelman Board Chair	4.00	Х						0.	0.	0.
(10) Attorney Vanessa Jones Member	4.00	x	-					0.	0.	0.
(11) Attorney Jessie Evans										
Board Vice-Chair	4.00	Х		_				0.	0.	0.
(12) Rev. Carlos Wilson  Member	4.00	х						0.	0.	0.
(13) Attorney Karl Steinberger Member	4.00	X						0.	0.	0.
(14) Ms. Rekeshia Granderson Member	4.00							0.	0.	0.

Pact VII Section A. Officers, Directors, Trust	ees, I	Key	Em	plo	oye	es,	and	l Highest Com	pensated Em	ployees (cont)
	(C)									
(A) Name and title	(B) Average hours	box offi	not cl , unles cer an	ss pe	more rson i irecto	s both r/trust	an ee)	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15) Ms. Earline Singleton Member	4.00	x						0.	0	. 0.
(16) Attorney B.W. Curry, III  Member	4.00						-	0.	0	
(17) Attorney Renee Porter  Member	4.00	х						0.	0	
(18) Attorney Alexander Martin Member	4.00	х						0.	0	0.
(19) Attorney Robert Gibbs  Member	1.00	х						0.	0	. 0.
(20) Ms. Donna Stamps Member	4.00	х						0.	0	. 0.
(21) Mr. Billy Spiller Member	4.00	х						0.	0	. 0.
(22) Barbara Brown CFO	37.50			Х				55,061.	0	6,381.
Exec Dir of Admin	37.50			х				76,500.	0	6,536.
Exec Dir of State Initiatives	37.50			х				81,000.	0	6,567.
Dir of Litigation  1b Sub-total	37.50	•		х			<u> </u>	63,000. 275,561.	0	<del></del>
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						<b>&gt;</b>	275,561.	0	
Total number of individuals (including but not limited to from the organization						rece				
Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such individual.	vidual		• •	٠	• •	•				Yes No
4 For any individual listed on line 1a, is the sum of repor the organization and related organizations greater that such individual	n \$150,	0007	) If 'Y	'es'	com	plete	Sch	mpensation from hedule J for 		4 X
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' com	npensat <i>nplete</i> S	ion fi Sched	rom a	any <i>J for</i>	unre ' <i>suc</i>	lated th pe	d org	ganization or individ	dual 	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated	ındepe	nder	nt cor	ntrac	ctors	that	rec	eived more than \$1	100.000 of	
compensation from the organization Report compens										/ear
Name and business addres	(A) Name and business address  (B) Description of services  (C) Compensation									
	-			-						
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization ►	it not lin	nited	to th	ose	liste	ed at	ove	) who received mo	re than	

Forn	990(2011) Mississippi Center For Legal S	Services Corpora	ation	64-0612891	Page 9
Pa	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS S	1 a Federated campaigns 1 a				
ZAN	b Membership dues 1 b				
S, G!	c Fundraising events 1 c				
AR.	d Related organizations 1 d				
TS, C	e Government grants (contributions) 1 e 3,942,37	7.			
ER S	f All other contributions, gifts, grants, and				
MEN	f All other contributions, gifts, grants, and similar amounts not included above 1f 5 , 56:	3.			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contributions included in lns 1a-1f \$				
	h Total. Add lines 1a-1f	.▶ 3,947,940.			
E.	Business Code				
Ē	2a Other income 900099	5,821.	5,821.	0.	0.
CE	b				
E N	c				
IS W	d		-		
PROGRAM SERVICE REVENUE	f All other program service revenue				
PRO	g Total. Add lines 2a-2f	.▶ 5,821.			
	3 Investment income (including dividends, interest and				
	other similar amounts)		4,513.	0.	0.
	4 Income from investment of tax-exempt bond proceeds .	<del></del>			
	5 Royalties	. ▶			
	(i) Real (ii) Personal	_			
	6 a Gross rents b Less rental expenses .	$\dashv$			
	c Rental income or (loss)				
	d Net rental income or (loss)	. •		-	
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	$\dashv$			
	d Net gain or (loss)	. ▶			
	8 a Gross income from fundraising events				
ENUE	(not including. \$				
OTHER REVEN	of contributions reported on line 1c)				
Ë	See Part IV, line 18 a  b Less direct expenses b				1
P	c Net income or (loss) from fundraising events		1	<del></del>	
	9 a Gross income from gaming activities				
	See Part IV, line 19 a	-			
	b Less direct expenses b  c Net income or (loss) from gaming activities	_			
	·				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	. ▶			
	Miscellaneous Revenue Business Code	<del>-</del>	ļ		
	11a		ļ	·	
	b		-		-
	d All other revenue	<del></del>			
	e Total. Add lines 11a-11d	. ▶			<del></del>
	12 Total revenue. See instructions		10,334.	0.	0.

# Part X Statement of Functional Expenses

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

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

	Check if Schedule O contains a res	ponse to any question ii	this Part IX	· · · · · · · · · · · · · · · · · · ·	
Do r	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	107,591.	107,591.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	_			
4 5	Benefits paid to or for members	192,261.	0.	192,261.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,717,614.	1,642,204.	75,410.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	442,055.	397,754.	44,301.	0.
10	Payroll taxes				<del></del>
11	, , , , , , , , , , , , , , , , , , ,				
	ı Management	4,879.	4,879.	0.	0.
	Accounting	4,679.	4,0/9.	0.1	<u></u>
	Lobbying			-	
	Professional fundraising services See Part IV, line 17			1.00	
	Investment management fees				
	) Other	453,924.	441,280.	12,644.	0.
12	Advertising and promotion	1,220.	1,220.	0.	0.
13	Office expenses	293,229.	276,874.	16,355.	0.
14	Information technology				
15	Royalties				
16	Occupancy	249,121.	229,116.	20,005.	0.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	75,517.	69,689.	5,828.	0.
19 20	Conferences, conventions, and meetings	38,131.	31,353.	6,778.	0.
21	Payments to affiliates				
22		32,492.	0.	32,492.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			ing state of the s	
a	a Inkind	716.	716.	0.	0.
	Statewide Exp	144,611.	144,611.	0.	0.
	Dues and fees	34,629.	33,461.	1,168.	0.
•	Miscellaneous	3,179.	3,179.	0.	0.
•	All other expenses	58,618.	58,618.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	3,849,787.	3,442,545.	407,242.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following				
	SOP 98-2 (ASC 958-720)				
RΔΔ					Form 990 (2011)

PE	X统	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			242,079.	1	320,222.
	2	Savings and temporary cash investments		[	118,580.	2	116,850.
	3	Pledges and grants receivable, net			325,597.	3	213,000.
	4	Accounts receivable, net			5,740.	4	7,864.
	5	Receivables from current and former officers, directors, t and highest compensated employees Complete Part II of	rustees,	, key employees, lule L		5	
	6	Receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contribu sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions).	under se ting empember	ection 4958(f)(1)), ployers and es' beneficiary		6	
A	7	Notes and loans receivable, net		<u> </u>	4,532.	7	614.
A S S E T S	8	Inventories for sale or use		h		8	
Ī	9	Prepaid expenses and deferred charges			13,039.	9	14,181.
_	-		l I		20,000		
	10 a 	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D	10a	2,114,653.			
	<sub>16</sub>	Less accumulated depreciation		1,484,331.	634,405.	10 c	630,322.
	11	investments – publicly traded securities				11	
	12	Investments – other securities See Part IV, line 11		, , , , , , , , , , , , , , , , , , ,		12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets		r		14	
	15	Other assets See Part IV, line 11		,	6,334.	15	6,186.
	16	Total assets. Add lines 1 through 15 (must equal line 34			1,350,306.	16	1,309,239.
	17	Accounts payable and accrued expenses	٠		189,940.	17	109,109.
	18	Grants payable		[		18	
	19	Deferred revenue			168,600.	19	119,070.
Ļ	20	Tax-exempt bond liabilities				20	
Å B	21	Escrow or custodial account liability Complete Part IV of	of Sched	lule D		21	
   	22	Payables to current and former officers, directors, truster highest compensated employees, and disqualified perso of Schedule L	ns Con	nplete Part II		22	
į	23	Secured mortgages and notes payable to unrelated third				23	
S	24	Unsecured notes and loans payable to unrelated third pa		7		24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Comple			168,478.	25	149,285.
	26	Total liabilities. Add lines 17 through 25			527,018.	26	377,464.
N E T		Organizations that follow SFAS 117, check here ▶	X an	d complete lines			
Ŧ		27 through 29 and lines 33 and 34.					
A S S E	27	Unrestricted net assets			-116,156.		-116,156.
	28	Temporarily restricted net assets			939,444.	28	1,047,931.
Š	29	Permanently restricted net assets	_			29	
R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete			
FUZD		lines 30 through 34.					
D	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, or equipment	t fund .			31	
Ä	32	Retained earnings, endowment, accumulated income, or	r other f	unds		32	
母々し4元0世の	33	Total net assets or fund balances			823,288.	33	931,775.
<u>s</u>	34	Total liabilities and net assets/fund balances			1,350,306.	34	1,309,239.
BA	Α						Form 990 (2011)

Fom	n <b>990</b> (2011) Mississippi Center For Legal Services Corporation 64-0612891		Pag	je 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>	$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	3,95	58,27	74 <u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	3,84	19,78	<u> 37.</u>
3	Revenue less expenses Subtract line 2 from line 1	10	08,48	<del>37.</del>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	82	23,28	38.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	93	31,73	75.
Pa	⊼ì∭ Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			П
				No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	Х	
I	b Were the organization's financial statements audited by an independent accountant?	2 b	Х	
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2 c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
(	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	. 3a	х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3 b	х	
BAA			990 (2	2011)

#### Form 990

# **Continuation Sheet for Form 990**

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

Mississippi Center For Legal Services Corporation 64-0612891

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees									
(A) Name and Title	(B) Average	Pos	ition (	(C	nat apply	<i>ı</i> )	(D) Reportable	(E) Reportable	(F)
	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
26 Julia Crockett Deputy Director	37.50			х			60,700.	0.	6,420.
						į			
								<u>.</u>	
	 		_						
			_						
						_			
						_			
				_					

#### 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.

তাবিপুণ তা দেহবু© দেহকেন্দ্ৰল

OMB No 1545-0047

2011

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 Mississippi Center For Legal Services Corporation 64-0612891 Part 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). 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) 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 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 b Type II c Type III — Functionally integrated d | Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11g (i) A family member of a person described in (i) above? . . . . . . . . 11g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g (iii) Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported organization (vi) is the organization in column (i) organized in the US? (ii) EIN (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vii) Amount of support your governing document? Yes Yes No No Yes (A) (B) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2011

# Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	4,077,273.	4,700,598.	4,269,794.	4,277,573.	3,953,761.	21,278,999.
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	4,077,273.	4,700,598.	4,269,794.	4,277,573.	3,953,761.	21,278,999.
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						21,278,999.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning ın) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) 2011	(f) Total
7	Amounts from line 4	4,077,273.	4,700,598.	4,269,794.	4,277,573.	3,953,761.	21,278,999.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,710.	3,527.	4,165.	3,702.	4,513.	17,617.
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	Total support. Add lines 7 through 10						21,296,616.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here	<u></u>	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 201 Public support percentage from 20						99.92 %
		·	,				99.92 %
16 a	33-1/3% support test — 2011. If t and stop here. The organization of						
b	33-1/3% support test — 2010. If t and stop here. The organization of	he organization did qualifies as a public	d not check a box of the supported organ	on line 13 or 16a, a nization	and line 15 is 33-1/ · · · · · · · · · · ·	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization method organization meets the facts-a	eets the 'facts-and	-circumstances' tes	st, check this box a	and stop here. Exp	plain in Part IV how	_
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t The organization	st, check this box a n qualifies as a pub	and <b>stop here.</b> Exp blicly supported org	olain in Part IV how ganization	the ▶ 🔲
18 BAA	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or			ons ▶     990 or 990-EZ) 2011
						- 0 O G G G G G G G G G G G G G G G G G	

# Park 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)

Sec	tion A. Public Support							
	dar year (or fiscal yr 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					·		
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support							-
Calen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
10 a	Amounts from line 6							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)		▶∏
Sec	tion C. Computation of Pu	blic Support P	Percentage					
15	''' '	, ,		. ,,,			15	<u> </u>
16	<del></del>					<u></u>	16	<u> </u>
	tion D. Computation of Inv					-	<del></del>	
17	Investment income percentage for	2011 (line 10c, co	lumn (f) divided by	line 13, column (f	))		17	<del>_</del>
	Investment income percentage fro		•			1	_18	<u></u> %
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check the	nis box and <b>stop h</b>	ere. The organizat	tion qualifies as a p	publicly supported	organızatıon		▶ 🔲
b	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%, o	the organization d check this box and	lid not check a box stop here. The or	on line 14 or line ganization qualifie	19a, and line 16 is is as a publicly sup	more than 33 ported organ	3-1/3%, ar ization →	nd <b>►</b> □
20	Private foundation. If the organiz	ation did not check	k a box on line 14,	19a, or 19b, check	this box and see i	nstructions.	<u></u>	<u> , ▶ </u>

Schedule A	(Form 990 or 990	0-EZ) 2011	Mississip	pi Center	For Legal	Services	Corporation	64-0612891	Page 4
Part IV	Supplement Part II, line 1 (See instruction	<b>al Informat</b> 7a or 17b; a ions).	ion. Compl and Part III,	ete this pa line 12. Al	art to provide so complete	e the expla e this part	inations requ for any additi	ired by Part II, li onal information	ne 10; 
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#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Open to Public

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Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer Identification number Mississippi Center For Legal Services Corporation 64-0612891 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . Aggregate contributions to (during year) . . . Aggregate grants from (during year) . . . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 □No funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . . . . . . . . **b** Total acreage restricted by conservation easements . . . . . . . 2 b c-Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, □ No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for <u>Part</u>∰ Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

Schedule <b>D</b> (Form 990) 2011 Mississippi Ce					Page	<u> 2</u>
Pa就 []] Organizations Maintaining Col	lections of Art, His	storical Treasures, o	r Other Similar Ass	sets (con	tinued)	_
<ol> <li>Using the organization's acquisition, accession items (check all that apply)</li> </ol>	, and other records, che	ck any of the following that	are a significant use of it	s collection		
a Public exhibition	d Loa	an or exchange programs				
<b>b</b> Scholarly research	e 🗌 Oth	ner			_	
c Preservation for future generations						
4 Provide a description of the organization's colle Part XIV	•	_				
5 During the year, did the organization solicit or r assets to be sold to raise funds rather than to b	eceive donations of art, be maintained as part of	historical treasures, or other the organization's collection	er sımılar n?	Yes	П№	
Park W Escrow and Custodial Arrange line 9, or reported an amount on	ments. Complete i	f the organization ans			t IV,	_
1 a Is the organization an agent, trustee, custodiar included on Form 990, Part X?			sets not	Yes	☐ No	
<b>b</b> if 'Yes,' explain the arrangement in Part XIV an	d complete the following	g table				_
				Amount		_
c Beginning balance						_
d Additions during the year						_
e Distributions during the year						—
f Ending balance						
2 a Did the organization include an amount on For	m 990, Part X, line 21?	• • • • • • • • • • • • • • • • • • • •		Yes	∐ No	
b If 'Yes,' explain the arrangement in Part XIV	4b		000 Dart IV line 40			_
Part V Endowment Funds. Complete if						_
(a) Curre	nt year (b) Prior y	year (c) Two years bac	k (d) Three years back	(e) Four	years back	=
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships	<u> </u>					
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	<u></u>					
2 Provide the estimated percentage of the current		e 1g, column (a)) held as				
a Board designated or quasi-endowment	8					
b Permanent endowment ►	. <b>8</b>					
c Temporarily restricted endowment  The percentages in lines 2a, 2b, and 2c should						
3 a Are there endowment funds not in the possess	ion of the organization t	hat are held and administer	red for the			
organization by				Y	es No	,
(ı) unrelated organizations				. 3a(i)		
(II) related organizations				3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related organizations li	sted as required on Sch	edule R?		3b		
4 Describe in Part XIV the intended uses of the						
Pant VI Land, Buildings, and Equipme		T	1			
Description of property	(a) Cost or other bas (investment)	basis (other)	(c) Accumulated depreciation	(d) Boo	ok value	_
<b>1 a</b> Land		50,000.			50,000	
<b>b</b> Buildings		257,688.	257,688.			<u>.</u>
c Leasehold improvements	•	58,390.	24,474.		33,916	
d Equipment	•	1,416,321.	869,915.	5	46,406	
e Other		332,254.	332,254.			<u>.</u>
Total, Add lines 1a through 1e. (Column (d) must eq	uai Form 990. Part X. c	olumn (B) line 10(c) )		. 6	30.322	,

Schedule [	O (Form 990) 2011 Mississippi Center Fo	or Legal Services	Corporation	64-0612891 Page 3
Part VII	Investments - Other Securities. See	Form 990, Part X, lir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation r end-of-year market value
(1) Financ	ial derivatives			
	y-held equity interests			
(3) Other				
<u>(A)</u>				
<u>(B)</u>				
(C)				
(D)				
(E)				<u> </u>
<u>_(F)</u>		_		
(G)				
(H)				
٦١٢		· <u></u>		
	mn (b) must equal Form 990 Part X, column (B) line 12)			
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value		) Method of valuation r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	<del></del>			
(8)			<u> </u>	
(9)				
(10)	(A)			
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13) • • Other Assets. See Form 990, Part X, li			
1 art ix		escription	<del></del>	(b) Book value
(1) IIt i	ility Deposits	sonption		6,134.
	crued interest receivable			52.
(3)				32.
(4)				
(5)				<del>"</del>
(6)				
(7)				
(8)				
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (B),	line 15)		▶ 6,186.
Part X	Other Liabilities. See Form 990, Part >			<u> </u>
	(a) Description of liability	(b) Book value		
(1) Fede	eral income taxes			
(2) Cli	ient's deposits	70,49	7.	
(3) Acc	crued vacation leave	77,41	9.	
(4) Oth	ner payroll deductions	1,36	9.	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, column (B) line 25 )	.▶ 149,28	5.]	

	edule D (Form 990) 2011 Mississippi Center For Legal Services Corporation	64-0612891		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,958,	274.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,849,	787.
3	Excess or (deficit) for the year Subtract line 2 from line 1			487.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV )			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		108,	487.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p			
1	Total revenue, gains, and other support per audited financial statements		3,958,	274.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains on investments			
	b Donated services and use of facilities			
	c Recoveries of prior year grants			
	d Other (Describe in Part XIV )			
	e Add lines 2a through 2d	2 e		
3	Subtract line <b>2e</b> from line <b>1</b>	<del> </del>	3,958,	274.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		-,,	
-	a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
	b Other (Describe in Part XIV )			
	c Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<del> </del>	3,958,	274.
	Reconciliation of Expenses per Audited Financial Statements With Expense		<del>,,,,,,,</del>	
			3,849,	787
2			<u> </u>	<del>,,,,</del>
_	a-Donated services-and-use of facilities			
	b Prior year adjustments			
	c Other losses			
	d Other (Describe in Part XIV )			
	e Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1		3,849,	797
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,043,	767.
_	a Investment expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV )			
	c Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		3,849,	787.
Pa	成為V Supplemental Information			
Par	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Ii V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete the additional information	nes 1b and 2b, เเร part to provide		
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Schedule D (Form 990) 2011 Part XIV Supplementa	Mississippi Center	For Legal Services	Corporation	64-0612891	Page 5
Part XIV Supplementa	I Information (continu	ed)			
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attatch to Form 990.

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Mississippi Center For Legal Services Corpo	al Services C	Corporation				64-0612891	11
Does the organization maintain records to substantiate the amoun the selection criteria used to award the grants or assistance?	s to substantiate the a	mount of the grants of	or assistance, the grante	nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and		X Yes No
es(	procedures for monitor	ing the use of grant f	unds in the United State	e use of grant funds in the United States	o if the organizati	oV' bereining ac	4.
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	ince to coverning or any recipient the additional space is		e than \$5,000. Chec	ck this box if no one	recipient received	more than \$5,00	0.
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>Mississippi Volunteer Law</u> P.O. Box 2168 Jackson MS 39225	64-0733141	501(c)(3)	100,268.				Provide legal
(2) North MS Rural Legal Sery P.O. Box 767 Oxford MS 38655	64-0581747	501(c)(3)	7,323.				Provide legal
(3)							
(4)							
<u>(6)</u>							
(7)							
<u> </u>							
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	and government organs Isted in the line 1 to	inizations listed in the	e line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for	e, see the Instruction	is for Form 990.		TEEA3901 06/01/11	06/01/11	Sched	Schedule I (Form 990) (2011)

Page 2 (f) Description of non-cash assistance Form 990) (2011) Mississippi Center For Legal Services Corporation 64-0612891

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) (Pearl III) 7 ო

Schedule I (Form 990) (2011)	ВАА

Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Mississippi Center For Legal Services Corporation	64-0612891
Pt VI, Line 19 Policy is provided upon reguest.	<b></b>
Pt VI, Line 11a Once the tax form is received by Barbara Brown,	CFO, it is forwarded
to Sam H. Buchanan, Jr, Executive Director for r	eview_and_approval
Pt_VI, Line 12c _ The organization requires each employee to disclose any l	known or potential conflict
Any contracts or agreements are reviewed and scr	rutinized for potential
involvement by board members.	
Pt VI, Line 15 The organization's compensation is approved by the Board	of Directors for the agency.
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