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

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

▶Information about Form 990-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending OCT 31, 2013

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

C Name of organization
THE MISSISSIPPI STATE FEDERATION OF COLORED WOMENS CLUB INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
FEDERATION TOWERS BOX 335

City or town, state or country, and ZIP + 4
CLINTON MS 39056

D Employer identification number
64-0650899

E Telephone number
601-353-5820

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: ▶

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

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 . . ▶ $ 190,407.

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	9,568.
	2	Program service revenue including government fees and contracts	2	69,150.
	3	Membership dues and assessments	3	55,155.
	4	Investment income	4	717.
	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		
	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 exceed $15,000) — 6b	55,817.	
	c	Less direct expenses from gaming and fundraising events — 6c	9,449.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46,368.
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	180,958.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	37,288.
	11	Benefits paid to or for members	11	68,378.
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,495.
	14	Occupancy, rent, utilities, and maintenance	14	11,765.
	15	Printing, publications, postage, and shipping	15	10,891.
	16	Other expenses (describe in Schedule O)	16	4,193.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	138,010.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,948.
	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	130,704.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	173,652.

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

BCA

17

Part II Balance Sheets. (see the instructions for Part II.)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	159,330.	22	140,180.
23 Land and buildings	25,493.	23	25,493.
24 Other assets (describe in Schedule O)		24	36,137.
25 Total assets	184,823.	25	201,810.
26 Total liabilities (describe in Schedule O)	54,119.	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	130,704.	27	201,810.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? COMMUNITY DEVELOPMENT

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 SCHOLARSHIP SUPPORT FOR LOCAL STUDENTS

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ 28a 25,777.

29 COMMUNITY AND SOCIAL SERVICE ACTIVITY

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ 29a 2,330.

30 EDUCATIONAL CONFERENCES AND SYMPOSIUMS

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ 30a 10,745.

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 38,852.

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (For W-2/1099-MISC) (If not paid, enter-0-.)	(d) Health benefits, contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
EDNA H WHITE PRESIDENBT PRENTISS MS 39474	5	0		
TERRYCE N WALKER FIRST V JACKSON MS 39206	4	0		
DORIS STRANGE SECONT V GREENVILE MS 38701	4	0		
JACQUELINE MARTIN THIRD SUMMIT MS 39666	4	0		
CAROL COOPER REC SEC MADISON MS 39110	4	0		
EARNESTINE BRIDGES ASST OAKVALE MS 39656	4	0		
DOROTHY WREN SMITH TREA JACKSON MS 39206	4	0		
TERESA PARKS FIN SEC RIDGELAND MS 39157	4	0		
BELIVIRA JUNION EXEC SEC JACKSON MS 39213	4	0		
BONNIE MCNEAL STATISCIAN JACKSON MS 39207	4	0		
EDRICE J POLK CHAPLIN PRENTISS MS 39474	4	0		
EVA NELL HARTWELL MUSIC SUMMIT MS 39666	4	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
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)	34		X
35a	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)?	35a		X
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	35b		
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	35c		
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	36		X
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?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
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 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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	40b		X
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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	40e		X
41	List the states with which a copy of this return is filed. ▶			
42a	The organizations books are in care of ▶ DOROTHY WREN-SMITH Telephone no ▶ 601-353-5820 Located at ▶ BOX 335 MS CLINTON ZIP + 4 ▶ 39056			
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.**	42b		X
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: ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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)	45b		X

			Yes	No
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	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

			Yes	No
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	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(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

▶ Dorothy Wren Smith — 11/10/2014
Signature of officer — Date

▶ DOROTHY WREN-SMITH — TREASURY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
MARVEL A TURNER SR	MARVEL A TURNER SR	11/10/2014		P01430273

Firm's name ▶ TURNER & ASSOCIATES — Firm's EIN ▶ 64-0605242

Firm's address ▶ 3155 J R LYNCH STREET, JACKSON MS 39209- — Phone no 601-353-5820

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☒ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
THE MISSISSIPPI STATE FEDERATION OF	64-0650899

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 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)**

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.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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?

		Yes	No
(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 supported organization?	11g(i)		
(ii) 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)		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	52852.	68357.	75299.	116386.	65385.	378279.
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	14827.	28831.	28527.	42539.	65072.	179796.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	29481.	43699.	49692.	18180.	59233.	200285.
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	97160.	140887.	153518.	177105.	189690.	758360.
7a 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						758360.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	97160.	140887.	153518.	177105.	189690.	758360.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2110.	225.	235.	467.	717.	3754.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975						
c Add lines 10a and 10b	2110.	225.	235.	467.	717.	3754.
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.)	99270.	141112.	153753.	177572.	190407.	762114.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.51 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	99.23 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0.49 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	0.77 %

19a **33 1/3 % support tests - 2013.** 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 - 2012.** 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 ▶ ☐

List of Officers, Directors, Trustees and Key Employees

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A Name and Title	B Average hours per week devoted to position	C Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	D Health Benefits, Contributions to employee benefit plans and deferred compensation	E Estimated amount of other compensation
BARBARA B TILLMAN PIANST MT OLIVE MS 39119	3	0		
LYNDA TAYLOR PARLIAMENTA MANOLIA MS 39652	3	0		
DONNA WILLIAMS AUDITOR CLINTON MS 39056	3	0		
ROSIA CRISLER HISTORIAN JACKSON MS 39213	3	0		
ESSIE BRUMFIELD PAST PRE TYLERTOWN MS 39667	3	0		

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (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				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary Subtract line 10 from line 3, column (d)				

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes 0.0% ☐ No	☐ Yes 0.0% ☐ No	☐ Yes 0.0% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, 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

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

14 Enter 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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE MISSISSIPPI STATE FEDERATION OF

Employer identification number
64-0650899

LINE 11 BENEFITS PAID TO MEMBERS-SEE ATTACHED SCHEDULE

LINE 13 PROFESSIONAL FEE- SEE ATTACHED SCHEDULE

LINE 14 OCCUPANCY, RENT, ETC- SEE ATTACHED SCHEDULE

LINE 15 PRINTING & PUBLICATIONS - SEE ATTACHED SCHEDULE

LINE 24 OTHER ASSETS - INCLUDES CERTIFICATE OF DEPOSIT

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: MEMBERSHIP DUES & ASSESSMENTS

Type	Amount
NATIONAL DUES	25,528.
SEACWC DUES	5,250.
TOTAL CLUB DUES	24,377.
Total	55,155.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: PROGRAM SERVICE & OTHER REVENUES

Type	Amount
RENTAL INCOME-CLUB AND FARMHOUSE	9,917.
OTHER REVENUES	59,233.
Total	69,150.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: LINE 10: GRANTS & DONATIONS TO OTHERS

Type	Amount
SCHOLARSHIPS & DONATIONS	25,777.
COMMUNITY & SOCIAL SERVICES	2,330.
EDUCATION LUNCHEON	8,630.
SPECIAL MEETINGS & FUNCTIONS	551.
Total	37,288.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: BENEFITS MADE TO/FOR MEMBERS

Type	Amount
CONVENTION FEES & REGISTRATION	1,564.
SPECIAL FUNCTIONS & MEETINGS	7,150.
TRAVEL TO MEETINGS AND CONFERENCES	8,321.
MEBERSHIP FEES PAID TO STATE AND NATIONAL	51,343.
Total	68,378.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: PROFESSONAL FEES & OTHER PAYMENTS

Type	Amount
ACCOUNTING	1,700.
CARETAKER	2,600.
CONTRACT SERVICES	1,195.
Total	5,495.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: OCCUPANCY, RENT, ETC.

Type	Amount
UTILITIES	1,929.
SECURITY	357.
REPAIRS & MAINTENANCE	9,479.
Total	11,765.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: PRINTING, POSTAGE,SUPPLIES, PUBLICATIONS

Type	Amount
SUPPLIES	1,158.
PRINTING	8,263.
POSTAGE	760.
ADVERTISING	710.
Total	10,891.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: LINE 16: OTHER EXPENSES REFERENCED SCH O

Type	Amount
TELEPHONE	473.
BANK FEES	416.
COURTESY	167.
INSURANCE	3,137.
Total	4,193.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: EDUCATIONAL CONFERENCES/SYMPOSIUMS

Type	Amount
SPECIAL FUNCTIONS/MEETINGS	551.
EDUCATION LUNCHEON	8,630.
CONVENTION FEES/REGISTRATIONS	1,564.
Total	10,745.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: GIFTS, GRANTS & FUNDRAISING

Type	Amount
CONTRIBUTIONS	9,568.
FUNDAISING PROCEEDS	55,817.
Total	65,385.

Detail Sheet 2013

Name: THE MISSISSIPPI STATE FEDERATION OF **ID:** 64-0650899

Description: GROSS RECEIPTS & RELATED ACTIVITIES

Type	Amount
MEMBER FEES	55,155.
RENTAL INCOME	9,917.
Total	65,072.