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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)

2014

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Internal Revenue Service			► Information about Form	Sistruction and the Pa-nee i					
AF	or the	2014 calend	ar year, or tax year beginning	January 1	, 2014, and end		cember 31		14
В	Check if a	pplicable	C Name of organization			D Emp	loyer identi	fication numb	er
	Address d	change	The Mississippi Blues Foundation				20-54	153462	
$\overline{}$	Name cha	-	Number and street (or P Q box, if mail is	s not delivered to street address	ss) Room/s	uite E Tele	phone numb	er	
==	Initial retu	rn/terminated	c/o Robert Arentson, One Eastove	er Center, 100 Vision Driv	e 40	o	601-3	51-8916	
=	Amended		City or town, state or province, country,	and ZIP or foreign postal code	,	F Gro	up Exempt	ion	
=		on pending	Jackson, Misissippi 39211			Nur	nber 🕨		
G /	Account	ting Method	✓ Cash	pecify) ▶		H Check	▶ ☐ if the	e organizatio	n is not
1 V	Vebsite	e: >				·		Schedule B	
J T	ах-ехеп	mpt status (che	eck only one) - 🗸 501(c)(3) 🔲 501	(c) () ◀ (insert no) ☐	4947(a)(1) or 52	7 (Form 9	90, 990-E2	Z, or 990-PF)	
		forganization		Association	Other				
L A	dd line:	s 5b, 6c, and	7b to line 9 to determine gross recei	pts If gross receipts are \$2	200,000 or more, or	ıf total assets			
(Pai	rt II, col	lumn (B) belov	w) are \$500,000 or more, file Form 99	00 instead of Form 990-EZ	·		▶ \$		29,238
P	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fun	d Balances (see	the instru	ctions fo	r Part I)	
		Check If	the organization used Schedul	e O to respond to any	question in this F	Part I			. 🗸
	1		ons, gifts, grants, and similar amo				1		12,726
	2	Program so	ervice revenue including government	nent fees and contracts			2		
	3	Membersh	up dues and assessments			. ,	3		
	4	Investment	tincome				4		
	5a	Gross amo	ount from sale of assets other tha	in inventory	. 5a				
	b	Less. cost	or other basis and sales expense	es	. 5b]		
	С	Gain or (los	ss) from sale of assets other thar	inventory (Subtract line	5b from line 5a)		5c		
	6	Gaming an	nd fundraising events						
e	а	Gross inco \$15,000)	ome from gaming (attach Scl	nedule G if greater th	nan · 6a				
Revenue	ь	•	ome from fundraising events (not	including \$	of contrib	outions	1		
ě			aising events reported on line 1						
ш			ch gross income and contribution						
	С	Less: direc	ct expenses from gaming and fun	draising events	. 6c		1		
	d		e or (loss) from gaming and fun			d subtract	1		
		line 6c) .					6d		
	7a	Gross sale:	s of inventory, less returns and a	llowances	. 7a			·- <u></u>	
	b				. 7b		1		
	С	Gross prof	it or (loss) from sales of inventor	(Subtract line 7b from	line 7a) .		7c		
	8	•		<u></u>	·		8		16,512
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,	7c, and 8	BECEIVE		9		29,238
_	10		d similar amounts paid (list in Sch	edule O)	100-0-100	- 0	10		7,000
	11	Benefits pa	aid to or for members	e benefits		3.080	11		0
S	12	Salaries, of	ther compensation, and employe	e benefits N	: AUG 2 3 20	110 10	12		0
ūŠ	13	Profession	al fees and other payments to inc	dependent contractors		<u>ن</u>	13		866
Expense	14	Occupancy	y, rent, utilities, and maintenance				14		0
ŵ	15	Printing, pu	ublications, postage, and shippin	g	File In Teach	البياني	15		0
	16		enses (describe ın Schedule O)				16		0
	17	Total expe	enses. Add lines 10 through 16	<u> </u>	<u> </u>	<u> </u>	17		7,866
(S)	18	Excess or ((deficit) for the year (Subtract line	17 from line 9)			18		21,372
set	19	Net assets	or fund balances at beginning	of year (from line 27, c	, .	agree with			
As		•	ar figure reported on prior year's i	•			19		135,756
Net Assets	20		nges in net assets or fund balanc				20		0
<u>_</u>	21	Net assets	or fund balances at end of year.	Combine lines 18 throu	gh 20	<u> > </u>	21		157,128
	0	work Dadwat	ion Act Nation, see the separate in	otm otions	Cat No. 1064	21	E.	rm 990-F7	(2014)

Pa	rt II Balance Sheets (s		•				
	Check if the organize	zation used Schedul	le O to respond to a	any question in this	Part II	٠	<u> </u>
					(A) Beginning of year	l	(B) End of year
22	Cash, savings, and investi	ments			135,756	22	157,128
23	Land and buildings					23	
24	Other assets (describe in S	Schedule O)				24	-
25	Total assets .					25	
26	Total liabilities (describe	•			·	26	
27	Net assets or fund balan				135,756	27	157,120
Par			•		•	1	-
	Check if the organiz				Part III [/]	(Red	Expenses guired for section
Wha	t is the organization's primar	y exempt purpose?	Benevolent assistar	nce			(c)(3) and 501(c)(4)
as m	cribe the organization's prog neasured by expenses. In a ons benefited, and other rele	clear and concise i	manner, describe th			orga	anizations, optional for
28			•••••				
	(Grants \$) If this amoun	t includes foreign ar	anta abadi bara	······································	28a	
29	·) ii tiis amoun				208	6,000
30	(Grants \$) If this amoun	t includes foreign gr	ants, check here	<u> ▶ □</u>	29a	
30							
	(Grants \$) If this amoun	t includes foreign gr	ants, check here .	▶ 🗆	30a	
31	Other program services (des						
	(Grants \$) If this amoun	t includes foreign gr	ants, check here	▶ 🔲	31a	1,000
32	Total program service exp	enses (add lines 28a	through 31a)		•	32	7,000
Par	List of Officers, Direct	ors, Trustees, and Ke	ey Employees (list eac	h one even if not com	pensated-see the in	nstru	ctions for Part IV)
	Check if the organiz	ation used Schedul	e O to respond to a				<u> .</u> . 🗸
	(a) Name and tit	le	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		Ò	Estimated amount of other compensation
Luthe	er Brown						
Direc	tor		0	<u> </u>	0	0	0
Aven	Whitington						
Direc			0	<u> </u>	D	0	0
	Sistrunk						
Direc			0	 	<u> </u>	<u> </u>	0
	White						
Direc			- 0		0	0	0
	a Wilbanks						0
Direc				 	0	<u> </u>	
Direc	onso Sanders					0	0
	y Peoples			 	,	+	
Direc			 0	1	,	o	0
	on Gibson		-		<u></u>	┭	<u> </u>
	tor and Treasurer		2	1		0	0
	r Smith		 			1	<u>`</u>
Direc			5			0	0
	Webb			1		\top	
	tor and Chairman		5		ol	0	0
	Horhn						
	tor and Vice Chairman		<u> </u>	<u> </u>	ol	0	0
	nued on Schedule O						

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			V
	Instructions for Part vy Check if the organization used schedule of to respond to any question in this	Fait	Yes	
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		√
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		1
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		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b		∀
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	35c		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37b	· .	1
b 39 a b 40a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1. A.	72.4	;
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	چيررا		
е	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	26. 00	1
41	List the states with which a copy of this return is filed ► Mississippi			
42a		601-35	1-891	6
	Located at ▶ One Eastover Center, 100 Vision Drive, Suite 400, Jackson, Mississippi ZIP + 4 ▶	392		
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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			245.A
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶	42c		✓
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	• •	Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	643 44a		 ✓
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	相特	*
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		✓ ✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a	ا. د	✓
	Form 990-EZ (see instructions)	45b	l	

46	Did the organization engage, directly or i	ndirectly, in political o	ampaign activities on	behalf of or	in opposi	tion		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part l			46		1
Part			- N 47 40b		- 1-1-11-			_
	All section 501(c)(3) organization 50 and 51.	is must answer que	estions 47-49b and	52, and co	mpiete tr	e tables t	or line	S
	Check if the organization used So	hedule O to respond	I to any question in t	his Part VI				П
	Oncorn the organization does be		to any quodion in t	THO T GIT VI		· · · · · ·	Yes	No.
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election		during the	tax . 47		./
48	Is the organization a school as described					48	1	<u>,</u>
49a	Did the organization make any transfers		•			49a	t t	7
b	If "Yes," was the related organization a s					. 49b		1
50	Complete this table for the organization's							key
	employees) who each received more that	n \$100,000 of compe	nsation from the orgai			e, enter "N	one."	
	(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 contributions to benefit plans, a compen	to employee and deferred	(e) Estimate other com		
None								
			}					
								
		2100.000	<u> </u>					
	Total number of other employees paid ov		technological bateau		ba aaah			.
51	Complete this table for the organization \$100,000 of compensation from the organization	s live nignest compe anization. If there is no	ensated independent one, enter "None."	contractors	wno eaci	received	more	ınan
	(a) Name and business address of each independ		(b) Type of serv	100	(0)	Compensation		
	taj rame and business address of each independ		(b) Type of Serv			Compensation		
None		••••••						
		*						
				<u></u>				—
							_	_
		·		ľ				
			<u> </u>			· · · · · · · · · · · · · · · · · · ·		
	Total number of other independent contra	•	•	<u> </u>				
52	Did the organization complete Scheducompleted Schedule A	JIE A'? NOTE. All SE	ction 501(c)(3) orgai	nizations mi	ust attaci	na .► 🗸 Yes	□ Ne	_
Under no	enalties of perjury, I declare that I have examined this	return including accompan	ving schedules and stateme	ents, and to the	best of my kr			
	rect, and complete Declaration of preparer (other tha					.ooago aa	50	
	West /	4	/		Augu	it 19	, 2	316
Sign	Signature of officer	4	1 -	Date	. · - 4			
Here	109et /VC	. /1/ex 18	DA JA	<u>1 e</u>	<u>C/ex</u>	Zry		
	Type or print name and title	Department of the second of th	/	<u> </u>	T			
Paid	Print/Type preparer's name	Preparer's signature	Da	te	Check			
Prep	I = .				self-emplo	yeu		
Use (Only Firm's name Firm's address F			Phor	s EIN ▶			
				1 171101	10 HU			

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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. **Open to Public**

Inspection Name of the organization Employer identification number The Mississippi Blues Foundation 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 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 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Amount of monetary (i) Name of supported organization (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes Nο (A) (B) (C) (D) (E)

Total

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.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,616	13,731	13,272	28,875	29,238	96,732
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	.0	0	0	0	0
4	Total. Add lines 1 through 3	11,616	13,731	13,272	28,875	29,238	96,732
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)		-				0
6	Public support. Subtract line 5 from line 4.	-					96,732
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	11,616	13,731	13,272	28,875	29,238	96,732
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						96,732
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	504/ \/0\
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				<u> </u>	_ · · · · ·	▶ □
	on C. Computation of Public Support	rt Percentag	e	4 1 (6)		14	100 %
14	Public support percentage for 2014 (line	6, column (1) al	Videa by line i	r, column (i))		15	%
15	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi	redule A, Part	ii, iiile 14 . check the boy	on line 13 and	d line 14 is 33¹		
16a	box and stop here. The organization qua	ilifies as a publ	icly supported	organization			▶ ☑
	331/3% support test—2013. If the organ check this box and stop here. The organ	nization did no iization qualifie	ot check a box s as a publicly	on line 13 or supported org	ganization		or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "sorganization	ets the "facts- facts-and-circu	and-circumsta umstances" tes	nces" test, chest. The organiz	eck this box ai ation qualifies	as a publicly s	explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization in	tion meets the neets the "fact: 	e "facts-and-c s-and-circums 	rcumstances" tances" test. T	test, check to the organization in the organization in the control of the control	nis box and st on qualifies as a	op here. a publicly
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □
	instructions	<u> </u>	<u>· · · · · · </u>	<u> </u>	<u> </u>		· · · ·

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	of you checked the bo	x on line 9 of Part I	or if the organization	n failed to qu	alify under l	Part II.
If the organizat	ion fails to qualify unde	r the tests listed he	alow please comple	to Part II \		

Secti	ion A. Public Support	dider the te	ista listed ben	ow, picase of	ompiete r art		
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	\ <u></u>	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 - 1 - 1 - 1	1-15,	1,7,7,0,0
	received. (Do not include any "unusual grants.")		1				
2	Gross receipts from admissions, merchandise		1				
	sold or services performed, or facilities furnished in any activity that is related to the	1	1		l		
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ĺ	ĺ				
4	Tax revenues levied for the						
	organization's benefit and either paid	J]	J	j		
	to or expended on its behalf					,	
5	The value of services or facilities						
	furnished by a governmental unit to the	Į]	
	organization without charge					_	
6	Total. Add lines 1 through 5						
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						
_			 				
С 8	Add lines 7a and 7b	CARLES PARTE	Country and Arthurst Common to	enderse i		, - ,	
	line 6.)	Andrew Francisco	1 **'(" '')	, ,t ,		,	
Secti	on B. Total Support				L		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	<u> </u>	(-,		(4/ 55 15		<u> </u>
10a	Gross income from interest, dividends,						· · · · · · · · · · · · · · · · · · ·
	payments received on securities loans, rents,			•			
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					-	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
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]		Į ,]	
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 				
13	and 12.)		}				
14	First five years. If the Form 990 is for the	ne organization	ı's first, secon	d, third, fourth	. or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor						<u>_</u>
15	Public support percentage for 2014 (line 8		•			15	%
16_	Public support percentage from 2013 Sch			<u> </u>	· · · · · ·	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (•		17	%
18	investment income percentage from 2013					18	%
19a	331/3% support tests - 2014. If the organ						_
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 33½%, check this l					_	_
20	Private foundation. If the organization di	u not check a	DUX ON TIME 14,	, 13a, UT 13D, (JUSCK HITS DOX	anu see instru	ctions 🕨 📋

Part IV Supporting Organizations'

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organiza	itions
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organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

ect	ion A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	ر جه	
3а		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	مد که مد	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	1,78 17 24 11	-1986
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	•	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	-	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	_4:	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Scheat	ne A (Form 990 of 990-EZ) 2014			rage 🗸
Part	IV Supporting Organizations (continued)		152	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440		İ
L	below, the governing body of a supported organization?	11a		├
b	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1110	!	Ь
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	-
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,	٠.,	ł
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	ł
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
_		1		100
2	Did the organization operate for the benefit of any supported organization other than the supported	が大		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2_	L	L
Secti	on c. Type it supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- Tar.	35.4	12E
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100 To 10	Part of	* *
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1	\	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1	7	├
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u> </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		ł
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
¢	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		107.00	est e
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	200	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	46.24	**************************************	1
	how the organization was responsive to those supported organizations, and how the organization determined	,", .		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		~~	ł
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	ļ	
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	-	1

Schedul	Α Α	(Form	qqn	or 990.	.F7\ 2	2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must co-			nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		ļ
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		Many State of the	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y-ın	tegrated Type III supportin	g organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions						
1_	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers ex						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	B Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)			<u> </u>			
3	Excess distributions carryover, if any, to 2014:						
а							
b							
с							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	_					
4	Distributions for 2014 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years	,,		i			
<u>b</u>	Applied to 2014 distributable amount		· 				
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			,			
8	Breakdown of line 7:						
а	<u>, , , , , , , , , , , , , , , , , , , </u>			,			
b							
.							
	Excess from 2013						
	Excess from 2014						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► 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.

Inspection Employer identification number

Name of the organization	Employer identification number
The Mississippi Blues Foundation	20-5453462
Day B of the heading Assended Debugs groups for and description of accordances.	
Box B of the headingAmended Return, reason for and description of amendments:	
While preparing the 2015 990-EZ form, it was discovered that there were several errors on the 2013	990-EZ form which carried over to the
2014 form. These errors appear to be a result of a misreading of a financial report. The 2013 and 20	14 990-EZ forms are being amended. The
amendments are as follows:	
Part I Line 19 is amended to show the correct fund balance for the begining of the year. Line 21 is	amended to show the correct fund
balance at the end of the year.	
Part II: Line 22 is amended to show the correct fund balance for the beginning of the year. Line 27	s amended to show the correct fund
balance at the end of the year.	
Schedule A, Part II, Sections A and B, columns d, e and f were amended. Column d was amended to	reflect the actual total revenue for 2013
Column e was amended to correct a typographical error showing \$29,338 instead of the correct amount	unt of \$29,238 Column f was amended to
reflect the correct totals	
Part 1 Line 8: This is revenue recieved from the Mississippi State Tax Commission for sale of van	ity "Blues Trail" car tags. Line 10: The
following grants for medical services were made to these individuals unrelated to the Grantor:	
Jimmy Whitehead \$1,000 King Edward Antoine \$1,000	
McKinney Williams \$1,000 Tommy Tate \$1,000	
Barbara Jones \$1,000 R. L. Boyce \$1,000	
Total\$6,000	
The following grant was made to the family of Willie Brown to help pay his funeral expenses: \$1,000)
Grand total\$7,000	
Part III, Line 28: The Foundation provided monetary assistance to six individuals to assist with expe	nses related to various medical services.
Many of Mississippi's blues musicians live in extreme poverty, are in need of food, shelder, medical	care and other assistance The
Foundation's benevolence fund provides this needed assistance.	
Part III, Line 31: The Mississippi Blues Foundation provided assistance to the family of Willie Brown	to help pay his funeral expenses.

Octiedalie O (Falifi 550-01 550-02) (2014)	raye &
Name of the organization	Employer identification number
The Mississippi Blues Foundation	20-5453462
Part IV: Continued list of Directors	
Donald Green, Director	
Ave hours per week-0 Compensation-0 Benefits-0 Other compensation-0	
The tours por week o compensation o beneats o care compensation o	
Robert Arentson, Secretary and Director	
Ava hours sor week 5 Composition A Reposits A Other composition A	
Ave hours per week-5 Compensation-0 Benefits-0 Other compensation-0	
Wanda Clark, Director	
Ave been as week C. Company which C. Devettle C. Ohber as week as 0.	
Ave hours per week-6 Compensation-0 Benefits-0 Other compensation-0	
Part V, Line 35(b): The Foundation was not involved in business activities which produced in	come of \$1,000 or more
Part V, Line 44(d): The Foundation did not receive any payments for indoor tanning services.	
	······································