

Unified Registration Statement (URS) for Charitable Organizations© (v. 2.31)

Initial registration _____

Renewal/Update

This URS covers the reporting year which ended (day/month/year) 12/31/10

Filer EIN 64-0775561

State MISSISSIPPI State ID 100003625

1. Organization's legal name MISSISSIPPI SCHOOL FOR MATHEMATICS AND SCIENCE FOUNDATION

If changed since prior filings, previous name used N/A
 All other name(s) used _____

2. (A) Street address 1100 COLLEGE STREET, MUW 1627

City COLUMBUS County LOWNDES
 State MISSISSIPPI Zip Code 39701

(B) Mailing address (if different) _____
 City _____ County _____
 State _____ Zip Code _____

3. Telephone number(s) 662-241-7665 Fax number(s) 662-329-7205

E-mail kcarter@msms.k12.us Web site N/A

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*).

5. Date incorporated N/A State of incorporation N/A
 Fiscal year end: day/month 12/31

6. If not incorporated, type of organization, state, and date established _____
CHARITY, 10/1/00

7. Has organization or any of its officers, directors, employees or fund raisers:
 A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes ___ No X
 B. Had its registration denied or revoked? Yes ___ No X
 C. Been the subject of a proceeding regarding any solicitation or registration? Yes ___ No X

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No

E. Applied for registration or exemption from registration (but not yet completed or obtained)?

Yes

No

F. Registered with or obtained exemption from any state or agency? Yes No

G. Solicited funds in any state? Yes No

If "yes" to 7A, B, C, D, E, *attach explanation.*

If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application _____ OR date of determination letter 12/10/1990

If granted, exempt under 501(c) 3. Are contributions to the organization tax deductible? Yes No

9. Has tax exempt status ever been denied, revoked, or modified? Yes No

10. Indicate all methods of solicitations:

Mail Telephone Personal Contact Radio/TV Appeals _____

Special Events _____ Newspaper/Magazine Ads _____ Other(s) _____

(specify) _____ N/A _____

11. List the NTEE code(s) that best describes your organization. B, _____, _____

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14. (A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to:

(i) any other officer, director, trustee or employee OR

(ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR

(iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes No

(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony?

(If yes, attach a complete explanation.) Yes No

15. Attach separate sheet listing names and addresses (street & P.O.) for all below:

Individual(s) responsible for custody of funds. Individual(s) responsible for distribution of funds.

Individual(s) responsible for fund raising. Individual(s) responsible for custody of financial records.

Individual(s) authorized to sign checks. Bank(s) in which registrant's funds are deposited (include account number and bank phone number).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name T.E. LOTT & CO.

Address 221 N. 7TH ST

City COLUMBUS State MS Zip Code 39701 Telephone 662-328-5387

Method of accounting MODIFIED CASH BASIS

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.* N/A

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes No

(B) Does the organization share revenue or governance with any other non-profit organization? Yes No

(C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes No

(If "yes" to A, B or C, attach an explanation including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes No

Does the organization use professionals to solicit directly? Yes No

