

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MISSISSIPPI SCHOOL FOR MATH AND SCIENCE FOUNDATION		D Employer identification number 64-0775561
	Doing business as		E Telephone number 662-329-7670
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1100 COLLEGE ST		G Gross receipts \$ 459,902.
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, MS 39701		
	F Name and address of principal officer: CYNTHIA HENDERSON 1100 COLLEGE STREET, MUW-190, COLUMBUS, MS		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **THEMSMS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **FOUND** **L** Year of formation: **2000** **M** State of legal domicile: **MS**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE OBJECTIVES OF THE MISSISSIPPI SCHOOL FOR THE MATHEMATICS AND SCIENCE. THE FOUNDATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	423,533.	250,285.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,461.	56,138.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	466,994.	306,423.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,310.	48,868.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	299,240.	284,728.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	341,550.	333,596.	
19 Revenue less expenses. Subtract line 18 from line 12	125,444.	-27,173.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,084,624.	983,622.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,465.	3,060.
		1,081,159.	980,562.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CYNTHIA HENDERSON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS J. BUCKLEY, CPA	THOMAS J. BUCKLEY, C	11/12/19		P00292255
	Firm's name ▶ T. E. LOTT & COMPANY, PA	Firm's EIN ▶ 64-0575804			
	Firm's address ▶ PO BOX 471 COLUMBUS, MS 39703		Phone no. 662-328-5387		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No