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CLIENT'S COPY

# Tax Return Carryovers to 2010

NAME: Coalition for Citizens with Disabilities Inc

ID Number: 58-2004439

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
990-T	Prior Years Net Operating Loss	990-T			68,377.
990-T	Current Year Net Operating Loss	990-T			45,643.



MATTHEWS  
CUTRER *and*  
LINDSAY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

599 C Steed Road, Ridgeland, MS 39157  
601-898-8875 Fax 601-898-2983

[www.mclcpa.net](http://www.mclcpa.net)

July 22, 2010

Coalition for Citizens with Disabilities  
Inc  
2 Old River Place No. A  
Jackson, MS 39202

Dear Mary:

Enclosed are the organization's 2009 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before November 15, 2010.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

The Mississippi Form 83-105 should be mailed on or before September 15, 2010 to:

Mail To - Office of Revenue  
P.O. Box 23050  
Jackson, MS 39225-3050

PUBLIC DISCLOSURE:

Organizations exempt under IRS code 501(c) are required to make their three most recent Forms 990, 990T and 990PF (as

well as Form 1023, Application for Exemption) available to anyone who requests them. Most 990 Forms filed with the IRS are now available on the internet. For this reason, we ask that you review this form carefully to ensure the accuracy of its contents, prior to filing with the IRS.

The public disclosure requirements state very clearly how an exempt organization must honor requests for this information. Please be sure your key staff and/or volunteers understand how to handle any such requests your organization may receive.

Most of the information contained on Form 990, 990T and Form 990PF is considered to be public information and therefore available to the public, upon request. There are significant fines that may be imposed for failure to provide the information on a timely basis.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Charles R Lindsay, Jr, CPA

# Return of Organization Exempt From Income Tax

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.

**A For the 2009 calendar year, or tax year beginning**

**and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C Name of organization</b> <b>Coalition for Citizens with Disabilities Inc</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2 Old River Place A</b></p> <p>City or town, state or country, and ZIP + 4 <b>Jackson, MS 39202</b></p> <p><b>F Name and address of principal officer: Mary Troupe same as C above</b></p>	<p><b>D Employer identification number</b> <b>58-2004439</b></p> <p><b>E Telephone number</b> <b>601-969-0601</b></p> <p><b>G Gross receipts \$</b> <b>1,763,774.</b></p> <p><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c) Group exemption number</b> ▶</p>
<p><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J Website:</b> ▶ <b>www.msccd.org</b></p>	
<p><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L Year of formation:</b> <b>1989</b> <b>M State of legal domicile:</b> <b>MS</b></p>	

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>To expand opportunities and enhance the quality of life for individuals with disabilities.</u></p>		
	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>11</b>
	<b>5</b> Total number of employees (Part V, line 2a) .....	<b>5</b>	<b>31</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>16</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>7,346.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>-45,643.</b>
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>343,432.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>32,475.</b>	<b>43,526.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>49.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>196,987.</b>	<b>239,030.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>572,943.</b>	<b>625,887.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>338,694.</b>	<b>367,727.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>42,608.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	<b>234,691.</b>	<b>253,151.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>573,385.</b>	<b>620,878.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-442.</b>	<b>5,009.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>64,405.</b>	<b>End of Year</b> <b>68,017.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>24,956.</b>	<b>23,559.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>39,449.</b>	<b>44,458.</b>

**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 \_\_\_\_\_

▶ **Mary Troupe, Executive Director**  
Type or print name and title

<b>Paid Preparer's Use Only</b>	<p>Preparer's signature ▶ _____</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>Matthews Cutrer &amp; Lindsay, PA</b> <b>599 C Steed Rd</b> <b>Ridgeland, MS 39157</b></p>	<p>Date <b>07/22/10</b></p>	<p>Check if self-employed ▶ <input type="checkbox"/></p>	<p>Preparer's identifying number (see instructions)</p> <p>EIN ▶ _____</p> <p>Phone no. ▶ <b>601-898-8875</b></p>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: See Schedule O for Continuation  
To expand opportunities and enhance the quality of life for children,  
adolescents and adults with disabilities and their families; to  
empower these individuals to reach for their full potential in every  
aspect of life; and to be a voice for families, advocates, consumers

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  
See Schedule O for Continuation(s)

4a (Code: ) (Expenses \$ 483,324. including grants of \$ ) (Revenue \$ 1,420,443. )  
The MS Coalition for Citizens with Disabilities (MSCCD) served  
approximately 27,996 clients overall, including 13,896 parents through  
activities and trainings statewide by the MS Parent Training and  
Information Center program (MSPTI) which serves families of children  
receiving special education services.

The MSPTI provided information, referrals, educational law training,  
mentoring services, and leadership training for parents and students.  
Workshops were held throughout the state by PTI Parent Educators for  
parents and school personnel. A Statewide Special Education conference  
was held in partnership with MS Department of Education with over 300  
attending.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 483,324.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
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? <i>If "Yes," complete Schedule F, Part II</i> .....		X
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? <i>If "Yes," complete Schedule F, Part III</i> .....		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Coalition for Citizens with Disabilities  
Inc**

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 5		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 31		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	<b>3b</b>		
<b>4a</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)?		X
	<b>4a</b>		
<b>b</b>	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.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	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?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			11
b	Enter the number of voting members that are independent		
1b			11
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted 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?		
16b			

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **None**

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 for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Mary Troupe - 601-969-0601**  
**2 Old River Place, Suite A, Jackson, MS 39202**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a 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. Use Schedule J-2 if additional space is needed.

• 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. 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Traci Alsup At-Large Board Member	1.00	X					0.	0.	0.	
Johnny Byrd At-Large Board Member	1.00	X					0.	0.	0.	
Scott Crawford At-Large Board Member	1.00	X					0.	0.	0.	
Gwen Stokes Byrd At-Large Board Member	1.00	X					0.	0.	0.	
Steve Moody At-Large Board Member	1.00	X					0.	0.	0.	
Betty Surmik At-Large Board Member	1.00	X					0.	0.	0.	
Jayne Buttross Chairperson	1.00			X			0.	0.	0.	
Jackie Wansley Chairperson-Elect	1.00			X			0.	0.	0.	
Ralph Smitherman Personnel Chairperson	1.00			X			0.	0.	0.	
Edgar Patton Secretary	1.00			X			0.	0.	0.	
Paul Rogers Treasurer	1.00			X			0.	0.	0.	
Mary Troupe Executive Director	40.00			X			46,645.	0.	2,212.	

**Coalition for Citizens with Disabilities  
Inc**

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Total</b>							<b>46,645.</b>	<b>0.</b>	<b>2,212.</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Coalition for Citizens with Disabilities  
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<b>Part VIII Statement of Revenue</b>						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 1,760.				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b> 5,784.				
	<b>e</b> Government grants (contributions)	<b>1e</b> 335,787.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		343,331.			
	<b>Program Service Revenue</b>	<b>2 a</b> Conference Ads & Spons	Business Code 541800	42,167.	42,167.	
<b>b</b> Silent Auction		900000	1,359.	1,359.		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			43,526.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents	(i) Real	7,700.			
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)	7,700.			
	<b>d</b> Net rental income or (loss)		7,700.	7,700.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b> 1369217.					
	<b>b</b> Less: direct expenses	<b>b</b> 1137887.				
	<b>c</b> Net income or (loss) from gaming activities		231,330.	7,346.	223,984.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>						
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		625,887.	51,226.	7,346.	223,984.	

**Part IX 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).**

Do not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	46,645.	39,648.	6,997.	
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 .....	263,900.	190,672.	33,648.	39,580.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	20.	17.	3.	
9 Other employee benefits .....	23,414.	19,902.	3,512.	
10 Payroll taxes .....	33,748.	26,112.	4,608.	3,028.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	9,042.		9,042.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	26,074.	26,074.		
12 Advertising and promotion .....				
13 Office expenses .....	39,855.	34,771.	5,084.	
14 Information technology .....	4,766.	4,528.	238.	
15 Royalties .....				
16 Occupancy .....	71,674.	62,480.	9,194.	
17 Travel .....	29,426.	22,069.	7,357.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	48,343.	36,257.	12,086.	
20 Interest .....	194.	184.	10.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	9,698.	8,243.	1,455.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Staff Development</b> .....	7,683.	6,531.	1,152.	
b <b>Miscellaneous</b> .....	2,623.	2,492.	131.	
c <b>Training</b> .....	2,403.	2,043.	360.	
d <b>Workshop setup</b> .....	820.	779.	41.	
e <b>Dues and Subscriptions</b> .....	550.	522.	28.	
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	620,878.	483,324.	94,946.	42,608.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Coalition for Citizens with Disabilities  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	37,194.	<b>1</b>	46,582.		
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>			
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>			
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	956.		<b>9</b>	3,650.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	115,918.				
	<b>b</b> Less: accumulated depreciation .....	99,133.	25,255.	<b>10c</b>	16,785.	
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>		
	<b>14</b> Intangible assets .....			<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,000.		<b>15</b>	1,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	64,405.		<b>16</b>	68,017.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	22,002.	<b>17</b>	21,607.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	2,954.		<b>25</b>	1,952.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,956.		<b>26</b>	23,559.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	39,449.	<b>27</b>	44,458.		
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>			
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
	<b>33</b> Total net assets or fund balances .....	39,449.	<b>33</b>		44,458.	
<b>34</b> Total liabilities and net assets/fund balances .....	64,405.	<b>34</b>		68,017.		

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

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? .....

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 consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a 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? .....

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. ....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)



**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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **Coalition for Citizens with Disabilities Inc** Employer identification number **58-2004439**

**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 - 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).
- 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? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	375,739.	164,139.	335,804.	343,432.	343,331.	1562445.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	375,739.	164,139.	335,804.	343,432.	343,331.	1562445.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						1562445.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	375,739.	164,139.	335,804.	343,432.	343,331.	1562445.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			54.	8,140.	7,700.	15,894.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	11,543.	25,438.	-10,301.	-19,338.		7,342.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		2,679.	11,164.			13,843.
<b>11 Total support.</b> Add lines 7 through 10						1599524.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,618,497.
<b>13 First five years.</b> 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 <b>stop here</b>	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.68	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	96.74	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization** Coalition for Citizens with Disabilities Inc

**Employer identification number**  
58-2004439

**Part I 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
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 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 conservation easements.

**Part III 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, 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, 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:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 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 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		115,918.	99,133.	16,785.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>16,785.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	625,887.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	620,878.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,009.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,009.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	824,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	429,691.
e	Add lines 2a through 2d	2e	429,691.
3	Subtract line 2e from line 1	3	394,557.
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.)	4b	231,330.
c	Add lines 4a and 4b	4c	231,330.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	625,887.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	819,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	429,691.
e	Add lines 2a through 2d	2e	429,691.
3	Subtract line 2e from line 1	3	389,548.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	231,330.
c	Add lines 4a and 4b	4c	231,330.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	620,878.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 2d - Other Adjustments:

Gross Gaming Activities: 429691.

Part XII, Line 4b - Other Adjustments:

Net Gaming Activities: 231330.

Part XIII, Line 2d - Other Adjustments:

**Part XIV** Supplemental Information (continued)

Gross Gaming Activity: 429691.

Part XIII, Line 4b - Other Adjustments:

Net Gaming Activity: 231330.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization **Coalition for Citizens with Disabilities  
Inc** Employer identification number **58-2004439**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** .....

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coalition for Citizens with Disabilities

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**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))
		<b>1</b> Gross revenue .....	1,327,000.	42,217.	
Direct Expenses	<b>2</b> Cash prizes .....	882,339.	34,871.		917,210.
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....	82,923.	41,419.		124,342.
	<b>5</b> Other direct expenses .....	92,052.	4,283.		96,335.
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( 1,137,887. )	
<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....				231,330.	

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: <u>MS</u>		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b> X	
<b>b</b> If "No," explain: ..... .....		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	X
<b>b</b> If "Yes," explain: ..... .....		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b> X	
<b>12</b> 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? .....	<b>12</b>	X

**Coalition for Citizens with Disabilities**

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	100.00 %
<b>b</b> An outside facility .....	<b>13b</b>	.00 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Collins & Corbin, LTD

Address ▶ 6360 I-55 North, Suite 350 - Jackson, MS 39211

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

<b>15a</b>	Yes	No
		X

**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 ▶ Jesse Alford

Gaming manager compensation ▶ \$ 39,580.

Description of services provided ▶ Onsite manager of all bingo and bingo related operations.

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? .....

<b>17a</b>	Yes	No
		X

**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 ▶ \$ \_\_\_\_\_

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	Coalition for Citizens with Disabilities Inc	Employer identification number	58-2004439
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Form 990, Part III, Line 1, Description of Organization Mission:

and professionals representing the interests and needs of people with  
disabilities.

Form 990, Part III, Line 4a, Program Service Accomplishments:

The MSCCD took over 9,000 calls from consumers and provided information  
on disability services and referrals. MSCCD Benefits Connections  
assisted over 5,000 consumer/family members with home modifications,  
ADA site surveys, receiving accessible equipment, accessible housing,  
personal care attendants, benefits counseling, offering teleconferences  
on pertinent subjects for individuals with disabilities and their  
families and transition from nursing facilities back into the  
community. The Organization conducted 15 Disability Awareness and  
Etiquette trainings across the state and at other organization's  
conferences. The Organization continued Emergency Preparedness  
trainings and presentations for 250 employees of Entergy Corp in  
Jackson and New Orleans and 2 trainings for Hospitals on the coast. ADA  
Coordinator conducted ADA site survey for MS Valley State University  
Campus. MSCCD displayed at 11 conferences.

Executive Director presented an Emergency Preparedness presentation for  
Enable Us in Gulfport MS for 157 attendees, American National Standards  
Institute in New Orleans for 264 attendees, for Homeland Security in  
Washington, D.C. 350 participating and a presentation to Equity and  
Inclusion Campaign on Disability Awareness in Education for 476

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

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Name of the organization	Coalition for Citizens with Disabilities Inc	Employer identification number	58-2004439
--------------------------	--	--------------------------------	------------

attendees. We connected with 153 individuals through our Hospital Accountable Project in partnership with Community Catalyst and MS Center for Justice. She presented at National Low Income Coalition National Conference in D.C. and MDOT Transportation Summit in Jackson, MS.

The Executive Director also testified at two US House hearings and two US Senate hearings on disability issues such as Healthcare Reform, Stafford Act Reform, and National Housing Trust Fund legislation. The ED testified at four MS State Legislative hearings in House and Senate on Medicaid, Housing Trust Fund, Speech and Physical Therapy Services and Home and Community Based Services. MSCCD held its 17th Disability Awareness Day at the Mississippi State Capitol in February with 35 cross-disability state-wide organizations displaying and over 100 individuals attending. MSCCD celebrated its 20th anniversary with an Anniversary Celebration and Imagine the Possibilities Conference in October in Jackson. Over 300 people attended both events. Also, the MSCCD held a Legislative Reception at the King Edward Hotel with 175 attending including 45 legislators.

Both the MSCCD Executive Director and MSPTI Project Director served on several boards and committees and also make public appearances for the media and at local/state meetings and support groups.

Form 990, Part VI, Section B, line 11: A draft of the Form 990 is sent to the Executive Board and all other board members. Form 990 is reviewed and

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	Coalition for Citizens with Disabilities Inc	Employer identification number	58-2004439
--------------------------	---	--------------------------------	------------

any question that arise from the Board of Directors are answered and/or  
cleared prior to the filing of the return.

Form 990, Part VI, Section B, Line 12c: The conflict of interest policy is  
provided to the Board of Directors and key employees annually. Discussions  
of any conflict are disclosed and recorded in the minutes. Any conflict of  
interest that arises during the year is resolved by the Executive Director  
and/or the Board of Directors and will be recorded in the official board  
minutes.

Form 990, Part VI, Section B, Line 15: The Board of Directors determines  
compensation based on experience of the employee and availability of funds.  
Total compensation is reviewed by the Board to determine reasonableness.

Form 990, Part VI, Section C, Line 19: The Coalition makes its governing  
documents, conflict of interest policy and financial statements available  
to the general public upon request.

Process of committee oversight of the audit of its financial statements  
The auditor meets with the Board of Directors making a full  
presentation at the completion of the audit for the year answering any  
of the Board's questions. The auditor works closely with the Board of  
Directors during the year should any concerns arise.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Furniture & Fixtures											
21	Computer	081597	200DB	5.00	17	1,607.			1,607.	1,607.		0.
22	Fax Machine	081597	200DB	5.00	17	363.			363.	363.		0.
24	Computer	091297	200DB	5.00	17	500.			500.	500.		0.
25	Computer	120597	200DB	5.00	17	578.			578.	578.		0.
	Other Office											
26	Equipment	063097	200DB	5.00	17	2,953.			2,953.	2,953.		0.
29	VCR	091198	200DB	5.00	17	89.			89.	70.		0.
30	Gateway Computer	061600	200DB	5.00	17	2,038.			2,038.	2,038.		0.
31	Gateway Computer	061600	200DB	5.00	17	2,038.			2,038.	2,038.		0.
32	Office Furniture	061600	200DB	5.00	17	884.			884.	884.		0.
33	Office Furniture	061900	200DB	5.00	17	603.			603.	603.		0.
34	Telephone Systems	061900	200DB	5.00	17	1,431.			1,431.	1,431.		0.
35	Computer	102000	200DB	5.00	17	1,092.			1,092.	1,092.		0.
36	Calculator - P200	102000	200DB	5.00	17	43.			43.	43.		0.
37	Book Cases	102000	200DB	5.00	17	106.			106.	106.		0.
38	Gateway Computer	081501	200DB	5.00	17	1,496.			1,496.	1,496.		0.
39	ING Consulting	092601	200DB	5.00	17	1,230.			1,230.	1,230.		0.
40	Printer	101901	200DB	5.00	17	214.			214.	214.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
41	Office Furniture	101901	200DB	5.00	17	161.			161.	161.		0.
42	Office Furniture	102601	200DB	5.00	17	733.			733.	733.		0.
43	Display Board	081602	200DB	5.00	17	549.			549.	549.		0.
44	TV/VCR Combe	081602	200DB	5.00	17	182.			182.	182.		0.
46	HP LJ2200 Printer	061402	200DB	5.00	17	1,005.			1,005.	1,005.		0.
47	Leather Chair	072302	200DB	5.00	17	75.			75.	75.		0.
48	920C Printer	072302	200DB	5.00	17	107.			107.	107.		0.
49	Brother Typewriter	072302	200DB	5.00	17	107.			107.	107.		0.
50	Lexmark Printer	072302	200DB	5.00	17	96.			96.	96.		0.
51	Visionare 7600 USB Scanner	072302	200DB	5.00	17	86.			86.	86.		0.
52	Dell Laptop Computer - Gleese	082003	200DB	5.00	17	3,562.			3,562.	3,562.		0.
53	Computer - H/F	080403	200DB	5.00	17	2,024.			2,024.	2,024.		0.
54	Quickbooks Acctg. Software	071003	200DB	5.00	17	785.			785.	785.		0.
55	Telephone System	072103	200DB	5.00	17	3,180.			3,180.	3,180.		0.
56	ITC Phone Wiring	082803	200DB	5.00	17	1,470.			1,470.	1,470.		0.
57	Computer Desk	100903	200DB	5.00	17	238.			238.	238.		0.
58	Wheelchair Ramps (2)	112103	200DB	5.00	17	900.			900.	900.		0.
59	Chairs (15)	043003	200DB	5.00	17	375.			375.	375.		0.



2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	Braille Printer & Software	060204	200DB	5.00	17	4,694.			4,694.	4,424.		270.
61	Aretex Laptop Computer	070505	200DB	5.00	17	1,386.			1,386.	1,147.		160.
62	HP Presario Laptop	033006	200DB	5.00	17	1,264.			1,264.	900.		146.
63	LCD Projector	033006	200DB	5.00	17	958.			958.	683.		110.
74	2 Acer Laptops	010907	200DB	5.00	17	1,377.			1,377.	716.		264.
75	Desktop Computer	011607	200DB	5.00	17	652.			652.	339.		125.
76	Laptop	013007	200DB	5.00	17	645.			645.	335.		124.
77	Acer Laptop	051607	200DB	5.00	17	839.			839.	436.		161.
78	CLJ Copier	093007	200DB	5.00	17	1,414.			1,414.	735.		271.
79	Website	022207	200DB	3.00	17	3,852.			3,852.	2,996.		570.
80	Camera	092707	200DB	5.00	17	524.			524.	273.		101.
	* 990 Page 10 Total Furniture & Fixtur					50,505.		0.	50,505.	45,865.	0.	2,302.
	Machinery & Equipment											
1	Presidential Flashboard	091392	200DB	7.00	17	1,885.			1,885.	1,600.		0.
2	Ambassador Flashboard	091392	200DB	7.00	17	1,600.			1,600.	1,600.		0.
3	Presidential Flashboard	091392	200DB	7.00	17	1,600.			1,600.	1,600.		0.
4	Statesman Console	091392	200DB	5.00	17	2,000.			2,000.	1,958.		0.
5	Ambassador Console	091392	200DB	5.00	17	2,000.			2,000.	1,959.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	Video Camera	091392	200DB	5.00	17	1,000.			1,000.	1,000.		0.
7	Validator	091392	200DB	7.00	17	800.			800.	800.		0.
8	Laptop Computer	111693	200DB	5.00	17	370.			370.	370.		0.
9	Fax Machine	053194	200DB	5.00	17	298.			298.	297.		0.
10	Word Processor	062794	200DB	5.00	17	300.			300.	300.		0.
11	Copier	112394	200DB	5.00	17	675.			675.	675.		0.
12	Computer Software	100296	200DB	5.00	17	353.			353.	353.		0.
13	Fax Machine	091696	200DB	5.00	17	246.			246.	246.		0.
14	PB Platinum XM Computer	102596	200DB	5.00	17	1,818.			1,818.	1,818.		0.
15	Brother HL-7 Printer	102596	200DB	5.00	17	374.			374.	374.		0.
16	Color-Jet Printer	102596	200DB	5.00	17	139.			139.	139.		0.
17	Video Cassette Recorder	092596	200DB	5.00	17	121.			121.	121.		0.
18	AX461W P/75/16/1.2 TWR COMPUTER	052696	200DB	5.00	17	1,825.			1,825.	1,825.		0.
19	Misc Office Equipment	103096	200DB	5.00	17	2,935.			2,935.	2,935.		0.
20	Projector	020197	200DB	5.00	17	214.			214.	214.		0.
27	Smoke Eaters (4)	022798	200DB	5.00	17	8,539.			8,539.	6,831.		0.
28	Security Equipment	052298	200DB	5.00	17	7,488.			7,488.	5,991.		0.
	* 990 Page 10 Total Machinery & Equipm					36,580.		0.	36,580.	33,006.	0.	0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Transportation Equipment											
23	Van	081597	200DB	5.00	17	5,780.			5,780.	5,780.		0.
	* 990 Page 10 Total Transportation Equ					5,780.		0.	5,780.	5,780.	0.	0.
	Other											
814	Computers	021508	200DB	5.00	17	1,584.			1,584.	317.		507.
82	Computer	042908	200DB	5.00	17	706.			706.	141.		226.
83	Computer	050608	200DB	5.00	17	810.			810.	162.		259.
843	Desks	082208	200DB	5.00	17	3,590.			3,590.	718.		1,149.
85	Computer	072008	200DB	5.00	17	983.			983.	197.		315.
86	Desk	082208	200DB	5.00	17	641.			641.	128.		205.
87	Website	091108	200DB	3.00	17	2,583.			2,583.	861.		1,148.
883	Computers	091108	200DB	5.00	17	2,359.			2,359.	472.		755.
89	Telephone System	093008	200DB	5.00	17	8,012.			8,012.	1,602.		2,564.
90	Website	102208	200DB	3.00	17	557.			557.	186.		248.
91	Computer	121609	SL	5.00	16	1,228.			1,228.			0.
	* 990 Page 10 Total Other					23,053.		0.	23,053.	4,784.	0.	7,376.
	* Grand Total 990 Page 10 Depr					115,918.		0.	115,918.	89,435.	0.	9,678.

Form **990-T**

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

## 2009

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Coalition for Citizens with Disabilities Inc</b>  Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. <b>2 Old River Place, No. A</b>  City or town, state, and ZIP code <b>Jackson, MS 39202</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.)  <b>58-2004439</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.)  <b>713990</b>
<b>C</b> Book value of all assets at end of year  <b>68,017.</b>	<b>F</b> Group exemption number (See instructions for Block F.) ▶ _____ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Describe the organization's primary unrelated business activity. ▶ **Games of Chance Including Electronics**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **Mary Troupe** Telephone number ▶ **601-969-0601**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>42,217.</u>			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶ _____	<b>1c</b> 42,217.		
<b>2</b> Cost of goods sold (Schedule A, line 7) _____	<b>2</b> 34,871.		
<b>3</b> Gross profit. Subtract line 2 from line 1c _____	<b>3</b> 7,346.		7,346.
<b>4 a</b> Capital gain net income (attach Schedule D) _____	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) _____	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts _____	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) _____	<b>5</b>		
<b>6</b> Rent income (Schedule C) _____	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) _____	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) _____	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) _____	<b>10</b>		
<b>11</b> Advertising income (Schedule J) _____	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.) _____	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 _____	<b>13</b> 7,346.		7,346.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) _____		<b>14</b>	
<b>15</b> Salaries and wages _____		<b>15</b>	2,835.
<b>16</b> Repairs and maintenance _____		<b>16</b>	105.
<b>17</b> Bad debts _____		<b>17</b>	
<b>18</b> Interest (attach schedule) _____		<b>18</b>	
<b>19</b> Taxes and licenses _____		<b>19</b>	204.
<b>20</b> Charitable contributions (See instructions for limitation rules.) _____		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) _____	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return _____	<b>22a</b>	<b>22b</b>	
<b>23</b> Depletion _____		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans _____		<b>24</b>	
<b>25</b> Employee benefit programs _____		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) _____		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) _____		<b>27</b>	
<b>28</b> Other deductions (attach schedule) <u>See Statement 1</u>		<b>28</b>	49,845.
<b>29 Total deductions.</b> Add lines 14 through 28 _____		<b>29</b>	52,989.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 _____		<b>30</b>	-45,643.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) _____		<b>31</b>	0.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 _____		<b>32</b>	-45,643.
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.) _____		<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 _____		<b>34</b>	-45,643.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	0.
<b>44a</b> Payments: A 2008 overpayment credited to 2009	<b>44a</b>	
<b>b</b> 2009 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44f</b>	
<b>45 Total payments.</b> Add lines 44a through 44f	<b>45</b>	
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	0.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)

<b>1</b> At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

<b>1</b> Inventory at beginning of year	<b>1</b>	0.	<b>6</b> Inventory at end of year	<b>6</b>	0.
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	34,871.
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>	34,871.			
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>	34,871.			

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ Date _____	Executive Director _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Date 07/22/10	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00294610
	Firm's name (or yours if self-employed), address, and ZIP code Matthews Cutrer & Lindsay, PA 599 C Steed Rd Ridgeland, MS 39157	EIN 64-0897081	Phone no. 601-898-8875

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

**Totals** Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**

**Total dividends-received deductions** included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

**Totals** **0.** **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total row shows 0.

Form 990-T	Other Deductions	Statement	1
Description		Amount	
Equipment Rental		38,951.	
Utilities		600.	
Accounting & Professional Fees		394.	
Building Rent		1,413.	
Office & Janitorial Expenses		350.	
Amount Required to be Expended for Charitable Purposes		7,287.	
Commission Expense		209.	
Other Expenses		641.	
Total to Form 990-T, Page 1, line 28		49,845.	

Form 990-T	Cost of Goods Sold - Other Costs	Statement	2
Description		Amount	
PRIZES & AWARDS		34,871.	
Total to Form 990-T, Schedule A, line 4b		34,871.	



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>Coalition for Citizens with Disabilities Inc</b>	Employer identification number <b>58-2004439</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2 Old River Place, No. A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Jackson, MS 39202</b>	

Check type of return to be filed (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**Mary Troupe**

- The books are in the care of ▶ **2 Old River Place, Suite A - Jackson, MS 39202**  
Telephone No. ▶ **601-969-0601** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **November 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning \_\_\_\_\_, 2009, and ending \_\_\_\_\_, 20\_\_\_\_

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

**Coalition for Citizens with Disabilities  
Inc**

Employer identification number

**58-2004439**

Name and title of officer

**Mary Troupe  
Executive Director**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>625887</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Matthews Cutrer & Lindsay, PA to enter my PIN 14846  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 64524312345  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 07/22/10

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Coalition for Citizens with Disabilities Inc

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Furniture & Fixtures											
21	Computer	081597	200DB	5.00	17	1,607.			1,607.	1,607.		0.
22	Fax Machine	081597	200DB	5.00	17	363.			363.	363.		0.
24	Computer	091297	200DB	5.00	17	500.			500.	500.		0.
25	Computer	120597	200DB	5.00	17	578.			578.	578.		0.
26	Other Office Equipment	063097	200DB	5.00	17	2,953.			2,953.	2,953.		0.
29	VCR	091198	200DB	5.00	17	89.			89.	70.		0.
30	Gateway Computer	061600	200DB	5.00	17	2,038.			2,038.	2,038.		0.
31	Gateway Computer	061600	200DB	5.00	17	2,038.			2,038.	2,038.		0.
32	Office Furniture	061600	200DB	5.00	17	884.			884.	884.		0.
33	Office Furniture	061900	200DB	5.00	17	603.			603.	603.		0.
34	Telephone Systems	061900	200DB	5.00	17	1,431.			1,431.	1,431.		0.
35	Computer	102000	200DB	5.00	17	1,092.			1,092.	1,092.		0.
36	Calculator - P200	102000	200DB	5.00	17	43.			43.	43.		0.
37	Book Cases	102000	200DB	5.00	17	106.			106.	106.		0.
38	Gateway Computer	081501	200DB	5.00	17	1,496.			1,496.	1,496.		0.
39	ING Consulting	092601	200DB	5.00	17	1,230.			1,230.	1,230.		0.
40	Printer	101901	200DB	5.00	17	214.			214.	214.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Coalition for Citizens with Disabilities Inc

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
41	Office Furniture	101901	200DB	5.00	17	161.			161.	161.		0.
42	Office Furniture	102601	200DB	5.00	17	733.			733.	733.		0.
43	Display Board	081602	200DB	5.00	17	549.			549.	549.		0.
44	TV/VCR Combe	081602	200DB	5.00	17	182.			182.	182.		0.
46	HP LJ2200 Printer	061402	200DB	5.00	17	1,005.			1,005.	1,005.		0.
47	Leather Chair	072302	200DB	5.00	17	75.			75.	75.		0.
48	920C Printer	072302	200DB	5.00	17	107.			107.	107.		0.
49	Brother Typewriter	072302	200DB	5.00	17	107.			107.	107.		0.
50	Lexmark Printer	072302	200DB	5.00	17	96.			96.	96.		0.
51	Visionare 7600 USB Scanner	072302	200DB	5.00	17	86.			86.	86.		0.
52	Dell Laptop Computer - Gleese	082003	200DB	5.00	17	3,562.			3,562.	3,562.		0.
53	Computer - H/F	080403	200DB	5.00	17	2,024.			2,024.	2,024.		0.
54	Quickbooks Acctg. Software	071003	200DB	5.00	17	785.			785.	785.		0.
55	Telephone System	072103	200DB	5.00	17	3,180.			3,180.	3,180.		0.
56	ITC Phone Wiring	082803	200DB	5.00	17	1,470.			1,470.	1,470.		0.
57	Computer Desk	100903	200DB	5.00	17	238.			238.	238.		0.
58	Wheelchair Ramps (2)	112103	200DB	5.00	17	900.			900.	900.		0.
59	Chairs (15)	043003	200DB	5.00	17	375.			375.	375.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Coalition for Citizens with Disabilities Inc

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	Braille Printer & Software	060204	200DB	5.00	17	4,694.			4,694.	4,424.		270.
61	Aretex Laptop Computer	070505	200DB	5.00	17	1,386.			1,386.	1,147.		160.
62	HP Presario Laptop	033006	200DB	5.00	17	1,264.			1,264.	900.		146.
63	LCD Projector	033006	200DB	5.00	17	958.			958.	683.		110.
74	2 Acer Laptops	010907	200DB	5.00	17	1,377.			1,377.	716.		264.
75	Desktop Computer	011607	200DB	5.00	17	652.			652.	339.		125.
76	Laptop	013007	200DB	5.00	17	645.			645.	335.		124.
77	Acer Laptop	051607	200DB	5.00	17	839.			839.	436.		161.
78	CLJ Copier	093007	200DB	5.00	17	1,414.			1,414.	735.		271.
79	Website	022207	200DB	3.00	17	3,852.			3,852.	2,996.		570.
80	Camera	092707	200DB	5.00	17	524.			524.	273.		101.
	* 990 Page 10 Total Furniture & Fixtur					50,505.		0.	50,505.	45,865.	0.	2,302.
	Machinery & Equipment											
1	Presidential Flashboard	091392	200DB	7.00	17	1,885.			1,885.	1,600.		0.
2	Ambassador Flashboard	091392	200DB	7.00	17	1,600.			1,600.	1,600.		0.
3	Presidential Flashboard	091392	200DB	7.00	17	1,600.			1,600.	1,600.		0.
4	Statesman Console	091392	200DB	5.00	17	2,000.			2,000.	1,958.		0.
5	Ambassador Console	091392	200DB	5.00	17	2,000.			2,000.	1,959.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Coalition for Citizens with Disabilities Inc

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	Video Camera	091392	200DB	5.00	17	1,000.			1,000.	1,000.		0.
7	Validator	091392	200DB	7.00	17	800.			800.	800.		0.
8	Laptop Computer	111693	200DB	5.00	17	370.			370.	370.		0.
9	Fax Machine	053194	200DB	5.00	17	298.			298.	297.		0.
10	Word Processor	062794	200DB	5.00	17	300.			300.	300.		0.
11	Copier	112394	200DB	5.00	17	675.			675.	675.		0.
12	Computer Software	100296	200DB	5.00	17	353.			353.	353.		0.
13	Fax Machine	091696	200DB	5.00	17	246.			246.	246.		0.
14	PB Platinum XM Computer	102596	200DB	5.00	17	1,818.			1,818.	1,818.		0.
15	Brother HL-7 Printer	102596	200DB	5.00	17	374.			374.	374.		0.
16	Color-Jet Printer Video Cassette	102596	200DB	5.00	17	139.			139.	139.		0.
17	Recorder AX461W P/75/16/1.2	092596	200DB	5.00	17	121.			121.	121.		0.
18	TWR COMPUTER Misc Office	052696	200DB	5.00	17	1,825.			1,825.	1,825.		0.
19	Equipment	103096	200DB	5.00	17	2,935.			2,935.	2,935.		0.
20	Projector	020197	200DB	5.00	17	214.			214.	214.		0.
27	Smoke Eaters (4)	022798	200DB	5.00	17	8,539.			8,539.	6,831.		0.
28	Security Equipment * 990 Page 10 Total Machinery & Equipm	052298	200DB	5.00	17	7,488.			7,488.	5,991.		0.
						36,580.		0.	36,580.	33,006.	0.	0.

2009 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - Coalition for Citizens with Disabilities Inc

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Transportation Equipment											
23	Van	081597	200DB	5.00	17	5,780.			5,780.	5,780.		0.
	* 990 Page 10 Total Transportation Equ					5,780.		0.	5,780.	5,780.	0.	0.
	Other											
814	Computers	021508	200DB	5.00	17	1,584.			1,584.	317.		507.
82	Computer	042908	200DB	5.00	17	706.			706.	141.		226.
83	Computer	050608	200DB	5.00	17	810.			810.	162.		259.
843	Desks	082208	200DB	5.00	17	3,590.			3,590.	718.		1,149.
85	Computer	072008	200DB	5.00	17	983.			983.	197.		315.
86	Desk	082208	200DB	5.00	17	641.			641.	128.		205.
87	Website	091108	200DB	3.00	17	2,583.			2,583.	861.		1,148.
883	Computers	091108	200DB	5.00	17	2,359.			2,359.	472.		755.
89	Telephone System	093008	200DB	5.00	17	8,012.			8,012.	1,602.		2,564.
90	Website	102208	200DB	3.00	17	557.			557.	186.		248.
91	Computer	121609	SL	5.00	16	1,228.			1,228.			0.
	* 990 Page 10 Total Other					23,053.		0.	23,053.	4,784.	0.	7,376.
	* Grand Total 990 Page 10 Depr					115,918.		0.	115,918.	89,435.	0.	9,678.