

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: EMPOWER MISSISSIPPI
Number and street (or P O box, if mail is not delivered to street address): PO BOX 4028
City or town, state or province, country, and ZIP or foreign postal code: MADISON, MS 391304028

D Employer identification number: 46-4253610
E Telephone number: (601) 980-1897
F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3), 501(c)(4), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$172,686

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 171,691, 995, 172,686, 25,857, 1,508, 31,628, 58,993, 113,693, 24,942, 0, 138,635.

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

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	24,942	<b>22</b>	107,743
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	3,518
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b>	47,433
<b>25 Total assets</b> . . . . .	24,942	<b>25</b>	158,694
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	20,059
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	24,942	<b>27</b>	138,635

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

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

TO ENGAGE CITIZENS IN UNDERSTANDING WHO THEIR ELECTED LEADERS ARE AND TO PROVIDE OPPORTUNITIES TO PARTICIPATE IN THE PUBLIC POLICY PROCESS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> TO PROVIDE EDUCATION ON PUBLIC POLICY PROCESS, INDIVIDUAL LIBERTY, AND FISCAL RESPONSIBILITY, AS WELL AS INFORMATION RELATED TO LEGISLATORS' VOTING RECORDS ON KEY ISSUES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	41,210
<b>29</b> THE CAMPAIGN SCHOOL A NON-PARTISAN EDUCATIONAL EVENT DESCRIBING COMPONENTS OF A POLITICAL CAMPAIGN (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	346
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	41,556

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GERARD GILBERT CHAIRMAN	2 00	0	0	0
BILL BILLINGSLEY TREASURER	2 00	0	0	0
RUSSELL LATINO III SECRETARY	2 00	0	0	0
GRANT CALLEN DIRECTOR	40 00	19,868	805	0
ROMAN GALEY DIRECTOR	2 00	0	0	0
FRANCIS C LEE DIRECTOR	2 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

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

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

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

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

<b>Sign Here</b>	***** Signature of officer	2015-11-16 Date
	GRANT CALLEN PRESIDENT Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name PAUL V BREAZEALE	Preparer's signature	Date 2015-11-16	Check <input type="checkbox"/> if self-employed	PTIN P00087926
	Firm's name <input type="checkbox"/> BREAZEALE SAUNDERS & O'NEIL LTD			Firm's EIN <input type="checkbox"/> 64-0501200	
	Firm's address <input type="checkbox"/> PO BOX 80 JACKSON, MS 392050080			Phone no (601) 969-7440	

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

## TY 2014 Transfers Personal Benefits Contracts Declaration

**Name:** EMPOWER MISSISSIPPI

**EIN:** 46-4253610

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2014**

**Open to Public  
Inspection**

Name of the organization  
EMPOWER MISSISSIPPI

Employer identification number

46-4253610

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 38,614 DESC RIPTION INTANGIBLE ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 8,819
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 20,059