

Culumber Fletcher Harvey & Assoc., P.A.
250 Beauvoir Rd Ste 6
Biloxi, MS 39531-4026

Back Bay Mission
1012 Division Street
Biloxi, MS 39530



Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **BACK BAY MISSION**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1012 DIVISION STREET**
 City or town, state or country, and ZIP + 4: **BILOXI MS 39530**

D Employer identification number: **64-0431066**

E Telephone number: **228-432-0301**

F Name and address of principal officer:
SHARON K. PRESTEMON
SAME AS "C" ABOVE.

G Gross receipts \$: **2,400,928**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.THEBACKBAYMISSION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1962** **M** State of legal domicile: **MS**

H(c) Group exemption number ▶ _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHRISTIAN MINISTRY THROUGH ASSISTANCE TO NEEDY INDIVIDUALS & FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	1400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,529,416	2,034,438
	9 Program service revenue (Part VIII, line 2g)	55,359	64,275
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,291	242,610
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,251	27,496
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,769,317	2,368,819
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	641,641	616,323
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 187,479		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,165,209	1,327,105
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,806,850	1,943,428	
19 Revenue less expenses. Subtract line 18 from line 12	962,467	425,391	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,604,458	End of Year 6,764,592
	21 Total liabilities (Part X, line 26)	385,167	119,910
	22 Net assets or fund balances. Subtract line 21 from line 20	6,219,291	6,644,682

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: _____
 Type or print name and title: _____

Paid Preparer Use Only
 Print/Type preparer's name: **DEAN A. FLETCHER** Preparer's signature: *Dean A. Fletcher, CPA* Date: **12/2/11** Check if PTIN self-employed **P00905036**
 Firm's name: **CULUMBER FLETCHER HARVEY & ASSOC., P.A.** Firm's EIN: **20-4368459**
 Firm's address: **250 BEAUVOIR RD STE 6 BILOXI, MS 39531-4026** Phone no.: **228-594-6559**