Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year period beginning and ending

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
MISSISSIPPI CHILDREN'S HOME SOCIETY &
FAMILY SERVICE ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 1078

City or town, state or country, and ZIP + 4
JACKSON, MS 39215

D Employer identification number
64-0303085

E Telephone number
(601) 352-7784

F Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site ▶www.mchsfsa.org

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,286,510.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	482,673.		
	b	Indirect public support	1b	107,240.		
	c	Government contributions (grants)	1c	1,112,261.		
	d	Total (add lines 1a through 1c) (cash $ 1,702,174. noncash $)			1d	1,702,174.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,432,698.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	103,304.
	5	Dividends and interest from securities			5	4,625.
	6 a	Gross rents See Statement 1	6a	39,795.		
	b	Less rental expenses See Statement 2	6b	12,840.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	26,955.
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sale of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII line 103)			11	3,914.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,273,670.
Expenses	13	Program services (from line 44, column (B))			13	1,823,719.
	14	Management and general (from line 44, column (C))			14	1,458,592.
	15	Fundraising (from line 44, column (D))			15	151,750.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 16 and 44, column (A))			17	3,434,061.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<160,391.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	6,009,621.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3			20	<63,110.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	5,786,120.

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214 JUL 11 2003 IRS-OSC
OGDEN, UT

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01-22-03 LHA **For Paperwork Reduction Act Notice, see the separate instructions** Form 990 (2002)

11320625 353375 640303085 2002.05060 MISSISSIPPI CHILDREN'S HOME 64030301

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ ______ noncash $ ______	22				
23 Specific assistance to individuals (attach schedule)	23	6,684.	6,684.	Statement 7	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors etc	25	454,115.	0.	454,115.	0.
26 Other salaries and wages	26	1,284,271.	998,171.	286,100.	
27 Pension plan contributions	27	72,489.			72,489.
28 Other employee benefits	28	347,447.	188,076.	144,574.	14,797.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	147,128.	96,927.	39,826.	10,375.
34 Telephone	34	37,580.	19,762.	16,379.	1,439.
35 Postage and shipping	35	30,728.	9,393.	11,111.	10,224.
36 Occupancy	36	148,632.	68,341.	79,942.	349.
37 Equipment rental and maintenance	37	34,328.	22,027.	12,301.	
38 Printing and publications	38	17,767.	2,281.	3,439.	12,047.
39 Travel	39	33,229.	22,600.	8,355.	2,274.
40 Conferences, conventions, and meetings	40	10,789.	2,475.	7,815.	499.
41 Interest	41	17,174.		17,174.	
42 Depreciation, depletion, etc (attach schedule)	42	220,812.	22,693.	198,119.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e See Statement 4	43e	570,888.	364,289.	179,342.	27,257.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	3,434,061.	1,823,719.	1,458,592.	151,750.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ , (ii) the amount allocated to Program services $ ______ ,
(iii) the amount allocated to Management and general $ ______ , and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts but optional for others)
a WARREN COUNTY CHILDREN'S SHELTER IS AN EMERGENCY FACILITY FOR ABUSED, NEGLECTED, RUNAWAY, THROWAWAY, AND HOMELESS CHILDREN FROM INFANCY TO AGE 17. 127 PERSONS WERE SERVED IN 2002. (Grants and allocations $)	541,865.
b See Statement 6 (Grants and allocations $)	527,392.
c CONSUMER CREDIT COUNSELING IS A SERVICE TO BE UTILIZED BY INIDIVIDUALS AND FAMILIES WHO ARE BURDENED BY FINANCIAL DEBT. 3343 PERSONS WERE SERVED IN 2002. (Grants and allocations $)	270,889.
d ADOPTION AND MATERNITY PLACES YOUTH AND INFANTS WITH ADOPTIVE PARENTS. 1298 PERSONS WERE SERVED IN 2002. (Grants and allocations $)	224,246.
e Other program services (attach schedule) Statement 8 (Grants and allocations $)	259,327.
f **Total of Program Service Expenses** (should equal line 44, column (B) Program services) ▶	1,823,719.

Part IV Balance Sheets

Note *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing				45	
46 Savings and temporary cash investments			611,951.	46	1,209,685.
47 a Accounts receivable	47a	1,089,877.			
b Less allowance for doubtful accounts	47b		1,503,685.	47c	1,089,877.
48 a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable			81,124.	49	
50 Receivables from officers, directors, trustees, and key employees				50	
51 a Other notes and loans receivable	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			11,483.	53	11,563.
54 Investments - securities Stmt 9 ▶ ☐ Cost ☒ FMV			1,009,010.	54	856,836.
55 a Investments - land, buildings, and equipment basis	55a	183,200.			
b Less accumulated depreciation	55b		183,200.	55c	183,200.
56 Investments - other				56	
57 a Land, buildings, and equipment basis	57a	6,038,762.			
b Less accumulated depreciation Stmt 10	57b	2,342,118.	3,940,912.	57c	3,696,644.
58 Other assets (describe ▶ DEPOSITS)			14,034.	58	11,483.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			7,355,399.	59	7,059,288.
Liabilities					
60 Accounts payable and accrued expenses			209,755.	60	219,215.
61 Grants payable				61	
62 Deferred revenue				62	13,826.
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable Stmt 11			1,136,023.	64b	1,040,127.
65 Other liabilities (describe ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			1,345,778.	66	1,273,168.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			1,033,767.	67	1,009,043.
68 Temporarily restricted			2,916,546.	68	2,789,597.
69 Permanently restricted			2,059,308.	69	1,987,480.
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			6,009,621.	73	5,786,120.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			7,355,399.	74	7,059,288.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	3,284,656.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) Stmt 12 $ 10,986.		
	Add amounts on lines (1) through (4)	b	10,986.
c	Line a minus line b	c	3,273,670.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,273,670.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,508,157.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) Stmt 13 $ 74,096.		
	Add amounts on lines (1) through (4)	b	74,096.
c	Line a minus line b	c	3,434,061.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,434,061.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHRISTOPHER CHERNEY JACKSON, MS	EXECUTIVE DIRECTOR 40	89,907.	4,425.	0.
PAM BRITT JACKSON, MS	CHIEF FINANCIAL OFFICER 40	65,508.	3,224.	0.
SUSAN PENICK DAVIS JACKSON, MS	CHIEF OPERATIONS OFFICER 40	51,500.	2,438.	0.
SHERRY ROWLETT JACKSON, MS	CHIEF ADMIN. OFFICER 40	56,650.	0.	0.
BARBARA HEGWOOD JACKSON, MS	DIR OF DEVELOPMENT 40	46,350.	2,281.	0.
JOHN DAMON JACKSON, MS	DEPUTY DIRECTOR 40	77,250.	3,802.	0.
JIMMIE ROUSH JACKSON, MS	MIS DIRECTOR 40	66,950.	0.	0.
BOARD OF DIRECTORS-SEE SCHEDULE		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ▶ ☐ Yes ☒ No

Part VI Other Information

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ CARES CENTER, INC and check whether it is [X] exempt or [ ] nonexempt				
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a 0.			
b	Did the organization file Form 1120-POL for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	85b		
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12 for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2002 | 90b | 85

91 The books are in care of ▶ CHRISTOPHER M. CHERNEY Telephone no ▶ (601) 352-7784

Located at ▶ 1900 N. WEST ST., JACKSON, MS ZIP + 4 ▶ 39215

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041- Check here ▶ [ ]
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512 513 or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a ADOPTION FEES					188,430.
b RESIDENTIAL TREATMENT					230,451.
c COUNSELING FEES					
d CARES RESIDENTIAL CARE					1,013,817.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	103,304.	
96 Dividends and interest from securities			14	4,625.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	26,955.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18		
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER INCOME			03	3,914.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		138,798.	1,432,698.
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,571,496.

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Statement 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes [X] No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes [X] No

Note *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

[redacted] ccompanying schedules and statements and to the best of my knowledge and belief It is true, Information of which preparer has any knowledge.

6/27/03 ▶ Christopher M. Cherney, CEO

ate Type or print name and title

Date / / Check if self- Preparer's SSN or PTIN

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization MISSISSIPPI CHILDREN'S HOME SOCIETY & FAMILY SERVICE ASSOCIATION

Employer identification number 64 0303085

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
	e Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	1,895,967.	2,564,726.	3,264,595.	2,173,384.	9,898,672.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,272,799.	1,293,243.	1,242,407.	1,019,252.	4,827,701.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	106,519.	164,188.	152,927.	151,850.	575,484.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		2,679.	See Statement 15	<13,113.>	<10,434.>
23 Total of lines 15 through 22	3,275,285.	4,024,836.	4,659,929.	3,331,373.	15,291,423.
24 Line 23 minus line 17	2,002,486.	2,731,593.	3,417,522.	2,312,121.	10,463,722.
25 Enter 1% of line 23	32,753.	40,248.	46,599.	33,314.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a 209,274.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the sum of all these excess amounts ▶ 26b 758,314.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 10,463,722.

d Add Amounts from column (e) for lines 18 575,484. 19 ______ 22 <10,434.> 26b 758,314. ▶ 26d 1,323,364.

e Public support (line 26c minus line 26d total) ▶ 26e 9,140,358.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 87.3528%

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year N/A

(2001) (2000) (1999) (1998)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A

(2001) (2000) (1999) (1998)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

None

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group   Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
Over $500 000 but not over $1,000 000 / $100,000 plus 15% of the excess over $500,000			
Over $1 000 000 but not over $1,500 000 / $175 000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225 000 plus 5% of the excess over $1,500 000			
Over $17 000,000 / $1,000 000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the Instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Depreciation and Amortization Detail Form 990 Page 2

990

Asset Number		Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
						Description of property			
1	LAND, BUILDINGS, AND EQUIPMENT								
		Varies	VAR	.000	16	6,038,762.		2,121,306.	220,812.
	* Total 990 Page 2 Depr								
						6,038,762.	0.	2,121,306.	220,812.

216261
05-01-02

\# Current year section 179 (D) Asset disposed

Form 990 Rental Income Statement 1

Kind and Location of Property	Activity Number	Gross Rental Income
RENTAL INCOME, NON-DEBT FINANCED PROPERTY	1	39,795.
Total to Form 990, Part I, line 6a		39,795.

Form 990 Rental Expenses Statement 2

Description	Activity Number	Amount	Total
RENTAL EXPENSE, NON DEBT FINANCED PROPERTY		12,840.	
- SubTotal -	1		12,840.
Total to Form 990, Part I, line 6b			12,840.

Form 990 Other Changes in Net Assets or Fund Balances Statement 3

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	<1,854.>
UNREALIZED LOSS ON INVESTMENTS	<61,256.>
Total to Form 990, Part I, line 20	<63,110.>

Form 990 Other Expenses Statement 4

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
OTHER PROFESSIONAL FEES	130,617.	78,795.	47,506.	4,316.
MEMBERSHIP DUES	25,142.	17,586.	6,856.	700.
MISCELLANEOUS EXPENSE	1,183.	1,164.	19.	
INSURANCE EXPENSE	73,232.	22,707.	47,646.	2,879.
GENERAL AND ADMINISTRATIVE ALLOCATION	0.	243,837.	<263,199.>	19,362.

ENDOWMENT FUND ADMINISTRATIVE EXPENSE	12,770.		12,770.	
CAPITAL CAMPAIGN EXPENSE	225,013.		225,013.	
BUILDING EXPENSE	102,731.		102,731.	
OTHER EXPENSES	0.			
BAD DEBTS	200.	200.		
Total to Fm 990, ln 43	570,888.	364,289.	179,342.	27,257.

Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 5

Explanation

TO DEVELOP HEALTH AND REHABILITATION SERVICES FOR CHILDREN AND FAMILIES.

Form 990 Statement of Program Service Accomplishments Statement 6

Description of Program Service Two

SOUTH MS CHILDREN'S CENTER IS AN EMERGENCY SHELTER AND DIAGNOSTIC EVALUATION CENTER FOR YOUTH BETWEEN THE AGES OF 10-17 WITH A RUNAWAY AND HOMELESS YOUTH COMPONENT FOR YOUTH AGES 12-17. 155 PERSONS WERE SERVED IN 2002.

	Grants	Expenses
To Form 990, Part III, line b		527,392.

Form 990 Specific Assistance to Individuals Statement 7

Description	Amount
PAYMENTS MADE FOR MEDICAL, CLOTHING EDUCATION EXPENSES FOR FOSTER CARE CHILDREN	6,684.
Total to Form 990, Part II, line 23	6,684.

Form 990 Other Program Services Statement 8

Description	Grants and Allocations	Expenses
R.A.P. TEAM		183,318.
TANF-POST EMPLOYEE ASSISTANCE		76,009.
Total to Form 990, Part III, line e		259,327.

Form 990 Non-Government Securities Statement 9

Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
TEMPORARY INVESTMENTS				819,609.	819,609.
NOTES RECEIVABLE				37,227.	37,227.
To 990, ln 54 Col B				856,836.	856,836.

Form 990 Depreciation of Assets Not Held for Investment Statement 10

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND, BUILDINGS, AND EQUIPMENT	6,038,762.	2,342,118.	3,696,644.
Total to Form 990, Part IV, ln 57	6,038,762.	2,342,118.	3,696,644.

Form 990 Mortgages Payable Statement 11

Description	Balance Due
TRUSTMARK NATIONAL BANK	556,728.
UNION PLANTERS BANK	162,258.
BANCORP SOUTH	66,371.
TRUSTMARK NATIONAL BANK	54,770.
FORD MOTOR CREDIT	0.
TRUSTMARK NATIONAL BANK	200,000.
Total included on Form 990, Part IV, line 64b, Column B	1,040,127.

Form 990 — Other Revenue Not Included on Form 990 — Statement 12

Description	Amount
RENT EXPENSE	12,840.
UNREALIZED LOSS	<1,854.>
Total to Form 990, Part IV-A	10,986.

Form 990 — Other Expenses Not Included on Form 990 — Statement 13

Description	Amount
RENT EXPENSE	12,840.
UNREALIZED LOSS ON INVESTMENTS	61,256.
Total to Form 990, Part IV-B	74,096.

Form 990 — Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes — Statement 14

Line	Explanation of Relationship of Activities
93 A	A STATED PURPOSE OF THE SOCIETY IS TO PROVIDE AN ADOPTION SERVICE. IN SUPPORT OF THIS, ADOPTIVE PARENTS PAY A SLIDING SCALE FEE BASED ON THEIR INCOME TO HELP OFFSET OPERATING EXPENSES.
93 B	CARES CENTER IS A SEPARATE CORPORATION AFFILIATED WITH THE SOCIETY THAT PROVIDES CHILD/ADOLESCENT PSYCHIATRIC CARE. THESE FEES REIMBURSE THE SOCIETY FOR OPERATING EXPENSES INCURRED IN SHARED MANAGEMENT AND RENT ON CARES BUILDING.
93 C	A STATED PURPOSE OF THE SOCIETY OFFERS A FULL RANGE OF COUNSELING SERVICES ON A FEE BASIS. COUNSELING SERVICES ARE OFFERED TO ALL PERSONS REGARDLESS OF ABILITY TO PAY.
93 D	A STATED PURPOSE OF THE SOCIETY IS TO PROVIDE A GROUP CARE FACILITY FOR HOMELESS AND NEGLECTED CHILDREN AND CHILDREN WHOSE PARENTS CANNOT CARE FOR THEM. IN SUPPORT OF THAT, PARENTS CAN PLACE THEIR CHILDREN WITH THE GROUP HOMES FOR NOMINAL FEES WHICH ARE COLLECTED TO HELP OFFSET OPERATING EXPENSES.

Schedule A Other Income Statement 15

Description	2001 Amount	2000 Amount	1999 Amount	1998 Amount
SALE OF ASSETS	0.	2,679.	0.	<13,113.>
Total to Schedule A, line 22	0.	2,679.	0.	<13,113.>

Mississippi Children's Home Society
and
CARES Center, Inc.
Board of Directors

President – Jack Spradling
Vice President – Dorian Turner
Secretary – Bette Dixon
Assistant Secretary – Joy Bourne
Treasurer – Albert Davis
Assistant Treasurer – George Neville

Robert (Bob) Abney, M.D.
Pediatrician

Kay Adams
Volunteer

Cathie Bailey
Volunteer

Carol Biedenham
Volunteer

Francis (Easy) Biedenharn
Investment Broker - Legg Mason

Joy Bourne
Volunteer

Richard C. Bradley III
Attorney - Daniel, Coker, Horton and Bell, P A

Ann Calhoon
Volunteer

Kimberly Castle
Hattiesburg

Helen Dalehite
Broker - Portrait Brokers of America

Albert Davis
Retired Business Executive

Bette Clark Dixon
Volunteer

*** Kristie Ebbers**
Volunteer

Larry Edwards
Real Estate Developer
Smith - Edwards Company

George Gunn
Trustmark National Bank

C.C. Henley
Volunteer

Elsie Hood
Volunteer

Patricia Howard
BellSouth

Arthur (Skipper) Jernigan, Jr.
Attorney - Watson and Jernigan, P A

Kathy Lampton
Volunteer

Jerry Lee
CEO - Southern Lumber Company, Inc

Joe Lee III
Publisher - Grenada Newspapers, Inc

James N.C. (Red) Moffat III
Executive Vice President
CommuniGroup

George W. Neville
Attorney - Currie, Johnson, Griffin, Gaines and Myers, P A

Stacy Palmer
Volunteer

Jim Patton
Director - Mississippi Power Company

Gail Pittman
President - Gail Pittman, Inc

Gwen Prater, DSW
Dean and Professor
School of Social Work
Jackson State University

David Sanders
Investor

Bill Sistrunk, M.D.
Pediatrician

Jack Spradling
Retired – Director Small Business Administration

Ben Stone
Attorney - Balch & Bingham, LLP

Floyd Sulser, Jr.
Chairman/General Counsel - Southern Lumber Company

Margaret (Margo) Swain
Retired – Professor
Mississippi State University

Jo Claire Swayze
Elected Official - City of Greenwood

George Terry
Executive Director - Big Brothers/ Big Sisters

Dorian Turner
Attorney
Adams and Reese, LLP

Gloria Walker
Volunteer

Terryce Walker
Executive - McDonald's

HONORARY MEMBERS

Mary Elizabeth Bradley
Volunteer

Auburn Lambeth
Retired – Insurance Executive

*Inactive

Form 8868
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶ [X]
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note 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)

Note Form 990-T corporations *requesting an automatic 6-month extension - check this box and complete Part I only* ▶ [ ]
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization MISSISSIPPI CHILDREN'S HOME SOCIETY & FAMILY SERVICE ASSOCIATION	Employer identification number 64-0303085
	Number, street, and room or suite no If a P O box see instructions POST OFFICE BOX 1078	
	City, town or post office, state and ZIP code For a foreign address, see instructions JACKSON, MS 39215	

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

[X] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990 BL	[ ] Form 990 T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990 EZ	[ ] Form 990 T (trust other than above)	[ ] Form 6069
[ ] Form 990 PF	[ ] Form 1041 A	[ ] Form 8870

- 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 month, for 990-T corporation) extension of time until August 15, 2003
to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2002 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

3a 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 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 $ ________

c **Balance Due** 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 $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Melanie S Wordruk Title ▶ CPA Date ▶ 5/6/03

LHA For Paperwork Reduction Act Notice, see instruction

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