A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

Form **990**

Department of the Treasurv 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 Open to Public

Inspection

B (Check if a	nnlıcahle	n.	C Name of organization					D	Empl	oyer i	dentification number
_	Address ch		Please use IRS	MISSISSIPPI CHILDREN'S	HOME SOCIETY					64-0	3030	185
_ r	Name cha	nae	label or print or		O box if mail is not delivered to	street a	ddress	s) Room/	/suite E	Telep	hone	number
type. See Initial return Specific						(601) 352	-7784				
Instruc- Final return City or town, state or country, and ZIP + 4 JACKSON, MS 39215								_	ethod Cash 🔽 Accrual			
	Amended		tions.	JACKSON, M3 39213						☐ Otl	ner (sp	ecify) 🕨
_												
' '	Application	i penaing	# Section	E01/c)/2) organizations	and 4947(a)(1) nonexempt	charital	l	H and	I are not	applica	ble to	section 527 organizations
					schedule A (Form 990 or 99		ופ	H(a)	Is this a g	roup re	eturn fo	or affiliates? Yes V No
G	Web sit	e: ► www	v mchscare	es ora				H(b)	If "Yes" e	nter nu	mber	of affiliates 🟲
_									Are all aff			· · · · · · · · · · · · · · · · · · ·
<u></u>	Organiza	ation type	check only	one) 🕨 🔽 🥵 501(c) (3)	◀ (insert no)	or Γ	527					See instructions)
					orting organization and its gross				covered b			n filed by an organization ing?
			nplete return	A return is not required, but	ıf the organization chooses to f	e a retui	m,	I	Group E	xemp	tion N	lumber 🕨
_												janization is not required to
				5b, 8b, 9b, and 10b to li	· · ·							0, 990-EZ, or 990-PF)
	art I			•	es in Net Assets or	<u>Fund</u>	Bala	inces	(See t	he ir	ıstrı	ıctions.)
	1			s, grants, and similar ai								
	a			onor advised funds .		1a						
	Ь		• •	ort (not included on line	•	1b			2,501,			
	°			oport (not included on li	·	1c			129,2			
	d			ıbutıons (grants) (not ır	·	1d		1,536,957				4.467.050
	e	Total (add lines 1a through 1d) (cash \$ 4,167,353 noncash \$)								1e	4,167,353	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .									2	3,062,426
	3	Membership dues and assessments								_	3	
	4	Interest on savings and temporary cash investments								_	4	139,484
	5	Dividen	ds and inte	erest from securities .						•	5	18,550
	6a		ents			6a			14,1			
	Ь		•	ises		6b			•	144		
	C	Net rental income or (loss) subtract line 6b from line 6a								6c	5,674	
9	7								•		7	
Reveni	8a			n sales of assets	(A) Securities	_		(B) C) ther	2.647		
_				ry		8a				2,647		
	b			sis and sales expenses		8b	oS∓T			2,515		
	c			ach schedule)	(A) L(D)		%		90),132		00.433
	d	•	` '	,	ns (A) and (B)						8d	90,132
	9	Special	events and	u activities (attach sch	edule) If any amount is fr	om gan	iing,	спеск п	iere 🕶			
	a			t including \$ rted on line 1b)	of	9a						
	Ь			nses other than fundrais		9b						
					Subtract line 9b from line						9c	
	10a		,	entory, less returns and		9a . 10a					<i></i>	
	Ь			Is sold		10b						
	c		=		h schedule) Subtract line 10b fr		L L0a				10c	
	11		, ,								11	8,977
	12		•	· · · · · · · · · · · · · · · · · · ·	, 7, 8d, 9c, 10c, and 11						12	7,492,596
	13				3))						13	4,151,509
ų,	14	Manage	ment and o	general (from line 44, co	olumn (C))						14	974,976
Expenses	15									.	15	703,553
Ε¥	16	Payments to affiliates (attach schedule)								16		
	17	Total expenses Add lines 16 and 44, column (A)									17	5,830,038
2	18	Excess	or (deficit)) for the year Subtract II	ne 17 from line 12						18	1,662,558
Assets	19	Netass	et assets or fund balances at beginning of year (from line 73, column (A))								19	9,121,532
e Tig	20	Othero	hanges in i	net assets or fund balar	nces (attach explanation)	匆.					20	37,209
z —	21	Netass	ets or fund	l balances at end of yea	r Combine lines 18, 19, a	nd 20					21	10,821,299

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$_____(iii) the amount allocated to Management and general \$

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
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
		22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$) If this amount includes foreign grants, check here Case for a system of a reductive legislation of the selection	22b				
23	Specific assistance to individuals (attach schedule)	23	42,617	42,617		
24	Benefits paid to or for members (attach schedule)	24	,	·		
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	202,878	202,878		
b	Compensation of former officers, directors, key employees etc listed in Part V -B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	1,890,842	1,651,523	40,885	198,434
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	485,600	440,499	2,360	42,741
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	412,289	191,703	53,324	167,262
34	Telephone	34	38,510	34,412	744	3,354
35	Postage and shipping	35	34,200	3,573	8,663	21,964
36	Occupancy	36	148,587	132,169	11,712	4,706
37	Equipment rental and maintenance	37	158,332	92,300	64,536	1,496
38	Printing and publications	38	80,961	261	3,158	77,542
39	Travel	39	267,252	260,320	1,202	5,730
40	Conferences, conventions, and meetings	40	28,353	19,631	920	7,802
41	Interest	41	112,322	23,415	85,406	3,501
42	Depreciation, depletion, etc (attach schedule) 🕏	42	311,635	37,696	273,939	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				_
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	5,830,038	4,151,509	974,976	703,553
			, ,		,	

, (ii) the amount allocated to Program services \$____

, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

All o publ	rganizations must describe their exempt purpose achieve ications issued, etc. Discuss achievements that are not must also enter the amount of grants and al	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)		
а	See Additional Data Table			
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
b				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
c				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d			•	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule)		,	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should eq	ual lir	ne 44, column (B), Program services) 🕨	4,151,509
				Form 990 (2007)

Fori	m 990	(2007)					Page 4
Pa	rt IV	Balance Sheets (See the instruc	ctions	.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		hin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	•		gg ,	45	
	46	Savings and temporary cash investments			1,065,838	46	1,155,067
	47a	'a Accounts receivable		2,512,306			
	b	Less allowance for doubtful accounts	47b		683,772	47c	2,512,306
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officer key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons 4958(c)(3)(B) (attach schedule)	•	l l		50b	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
Ş	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges .				53	
	54a	Investments—publicly-traded securities	. •	┌ Cost ┌ FMV		54a	
	ь	Investments—other securities (attach sch	edule)	► 「Cost 「FMV	1,117,788	54b	1,141,521
	55a	Investments—land, buildings, and equipment basis	55a	1,433,200			
	ь	Less accumulated depreciation (attach	55b	1, 100,200	1,433,200	55c	1,433,200
	56	schedule)			1,400,200	56	1,400,200
		Land, buildings, and equipment basis	57a	9,522,415		30	
		Less accumulated depreciation (attach	57b	3,355,884	6,011,205	57c	% 6,166,531
	58	schedule) Other assets, including program-related in		, ,	0,011,200	370	0,100,331
	36	(describe	vestille	111.5			
)	11,839	58	15,748
	59	Total assets (must equal line 74) Add lines	s 45 th	rough 58	10,323,642	59	12,424,373
	60	Accounts payable and accrued expenses			173,542	60	577,180
	61	Grants payable				61	
	62	Deferred revenue				62	
φ <u>η</u>	63	Loans from officers, directors, trustees, and schedule)	•	· · · \		63	
<u>\</u> ;	64a	Tax-exempt bond liabilities (attach schedu	ıle) .	[64a	
	ь	Mortgages and other notes payable (attach	sched	ule)	1,017,390	64b	1,025,894
	65	O ther liablilities (describe 🕨			11,178	65	0
	66	Total liabilities Add lines 60 through 65			1,202,110	66	1,603,074
	Orga	nizations that follow SFAS 117, check here	► ▽ a	nd complete lines			
ν Oi	67	Unrestricted			2,690,409	67	2,746,701
Ē	68	Temporarily restricted			2,157,485	68	3,765,096
Balances	69	Permanently restricted			4,273,638	69	4,309,502
Fund	Orga	nizations that do not follow SFAS 117, chec					
E b	70	Capital stock, trust principal, or current fur	nds .			70	
	71	Paid-in or capital surplus, or land, building,		F		71	
ssets	72	Retained earnings, endowment, accumulate		·		72	
Net As	73	Total net assets or fund balances Add line through 72 (Column (A) must equal line 19	s 67 th	nrough 69 or lines 70			

74

Total liabilities and net assets / fund balances Add lines 66 and 73 . . .

line 21)

10,821,299

12,424,373

9,121,532

10,323,642

73

74

Par	t IV-A Reconciliation of Revenutine instructions.)	ue per Audited Finai	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other suppor	t per audited financial sta	tements			а	7,568,315
b	A mounts included on line a but not on						· · ·
1	Net unrealized gains on investments		b1		37,209		
2	Donated services and use of facilities		b2		,	1	
3	Recoveries of prior year grants		b3			1	
4						-	
			b4		8,444	_	
	Add lines b1 through b4					ь	45,653
С	Subtract line b from line a					С	7,522,662
d	Amounts included on Part I, line 12, b		1	ī			
1	Investment expenses not included on 6b	Part I, line	d1				
2	Other (specify)		-			1	
2	Other (specify)		d2		-30,066		
	Add lines d1 and d2		- <u> </u>			_d	45,653
e	Total revenue (Part I, line 12) Add lin					- +	7,492,596
•	d					e	,,,,,,,,
Par	t IV-B Reconciliation of Expens	ses per Audited Fina	ncial St	atements	With Expe	nses pe	er Return
а	Total expenses and losses per audited	I financial statements .				а	5,868,548
b	A mounts included on line a but not on	Part I, line 17					
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Pa	rt I, line	b2				
3	Losses reported on Part I, line						
	20		b3				
4	Other (specify)		b4		38,510		
	Add lines b1 through b4		- 04		36,310	[30 E10
						ь	38,510
с	Subtract line b from line a					C	5,830,038
d	Amounts included on Part I, line 17, b		1	I			
1	Investment expenses not included on 6b	Part I, line	d1				
2	Other (specify)					1	
			_ d2				
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17) Add li						5,830,038
	d	<u> ►</u>				e	
Par	tV-A Current Officers, Directo director, trustee, or key em instructions.)				they were r	not comp	
		(B) Title and average hours	(C) Cor	npensation	(D) Contribi employee ben		(E) Expense
	(A) Name and address	per week devoted to position			deferred com	pensation	account and other allowances
	dditional Data Table				plan	5	
566 7	dalitional Data Fable						

	990 (2007)				Т		Page o
	t V-A Current Officers, Director			•		Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organization	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	y employees listed in For	m 990, Part V - A, or hig	jhest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	it that identifies the indivi	duals and explains the	relationship(s) 🕏 .	75b	Yes	
С	Do any officers, directors, trustees, or key	employees listed in Forr	m 990, Part V - A , or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive comper	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to	the organization? See the	instructions for the de	finition of "related	75c		No
	organization"						
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written conf				75d	Yes	
Par	t V-B Former Officers, Director Benefits (If any former officers) (described below) during the benefits in the appropriate of the second se	cer, director, trustee, e e year, list that person	or key employee red below and enter the	eived compensation amount of compens	or oth	ner bei	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans		ense acc er allowa	count and inces
Par	t VI Other Information (See the	l instructions.)				Yes	No
76	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
	detailed statement of each change				76		Νo
77	Were any changes made in the organizing	or governing documents	but not reported to the 1	IRS?	77		Νο
	If "Yes," attach a conformed copy of the c	hanges					
78a	Did the organization have unrelated business gross		ng the year covered by this	return?	78a		No
	If "Yes," has it filed a tax return on Form 9		- '		78b		
	Was there a liquidation, dissolution, termination, or	·					
	a statement				79		No
80a	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through con	nmon membership.			110
	governing bodies, trustees, officers, etc , to any ot		80a	Yes			
ь	If "Yes," enter the name of the organization	on 🕨 See Additional Data	Table				
		and check whether it	ıs Fexempt or Fno	nexempt			
	Enter direct or indirect political expenditu						
b	Did the organization file Form 1120-POL for		81b		No		

	990 (2007)			Page /
Par	t VI Other Information (continued)		Yes	No
82a	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		No
ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line $85f^{?}$	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 [?]	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88a	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	88a		N o
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
		88b		No
89a	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) orgs. 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		No
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		N o
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
	·····	905		N.
_	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting	89f		No
y	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		89g		No
90a	List the states with which a copy of this return is filed 🕨 MS			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b			64
	instructions)			
91a	The books are in care of Lack CHRISTOPHER M CHERNEY Telephone no (601)	352-7	784	
	1900 N WEST ST			
	Located at F JACKSON, MS ZIP + 4 F 39202			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No
	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			

orm 990 (2007)							Page 8
Part VI Other Information (c	•					Yes	No
c At any time during the calendar y	ear, did the organizati	on maıntaın	an office outside	of the United	States? 91	lc	Νο
If "Yes," enter the name of the for	eign country ►						
2 Section 4947(a)(1) nonexempt char	ıtable trusts fılıng Form	n 990 in lieu	of Form 1041— C	heck here .			► □
and enter the amount of tax-exem	npt interest received o	r accrued d	uring the tax year	r	▶ 92		
art VII Analysis of Income-	Producing Activit	ies <i>(See</i>	the instruction	ns.)			
ote: Enter gross amounts unless other	wise indicated.		d business income	 	ction 512, 513, or 514	(E) Relate	
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt f	unction
3 Program service revenue							
a ADOPTION FEES							71,798
b RESIDENTIAL TREATMENT							502,525
c OTHER PROGRAM SERVICE RE	EVENUES					2	2,488,103
d							
e							
f Medicare/Medicaid payments							
g Fees and contracts from governm	ment agencies						
4 Membership dues and assessme	ents						
5 Interest on savings and temporary cash	investments			14	139,484		
6 Dividends and interest from seco	urities			14	18,550		
7 Net rental income or (loss) from	real estate						
a debt-financed property							
b non debt-financed property .				16	5,674		
8 Net rental income or (loss) from person	al property						
OO Gain or (loss) from sales of assets othe	· •			18	90,132		
O1 Net income or (loss) from specia	ŀ			+			
02 Gross profit or (loss) from sales							
03 Other revenue a <u>OTHER INC</u>	OME			03	8,977		
ь							
c							
d							
e					262.047		2.062.426
04 Subtotal (add columns (B), (D), a					262,817		3,062,426
05 Total (add line 104, columns (B), ite: <i>Line 105 plus line 1e, Part I, should</i>	,	no 12 Part			· · · • —	3,3	25,243
	•	· · · · · · · · · · · · · · · · · · ·		ant December	a (Coo the inst		
ne No. Explain how each activity for w							
of the organization's exempt p					portaintry to the doc	, o p o	
A STATED PURPOSE OF THI					•		
PARENTS PAY A SLIDING S CARES CENTER IS A SEPAR							CENT
93 B PSYCHIATRIC CARE THESE							CENT
MANAGEMENT AND RENT O	N CARES BUILDING						
Tofanna in Banand	in a Tarrable Color			e	(C U :		
Part IX Information Regard (A)	(B)	diaries		dea Entitles		<u>uctions.</u> (E)	
Name, address, and EIN of corporation,	Percentage of		(C) Nature of activities	5	(D) Total income	End-of-	-year
partnership, or disregarded entity	ownership interest	,			_	asse	:15
	%						
	%						
Don't V Information Description	ing Transford Ass		udille Deserte	l Donofit C:	ntuneta (Caa ti		
Part X Information Regard instructions.)	ing Transfers Ass	sociated	with Persona	i belletit C0	nicracts (See th	ie	
a) Did the organization, during the year, red	ceive any funds, directly or	indirectly, to i	pay premiums on a ne	ersonal benefit co	ntract?	┌ Yes	▼ No
b) Did the organization, during the year,						┌ Yes	
IOTE: If "Yes" to (b), file Form 8870 a				30110111000			
. ,,	, = = = -	,					

	90 (200										Page \$
Part		nformation Reg controlling organ				led En	itities Comp	lete only	if the org	anizati	on is
										Yes	No
106		ie reporting organiza ode? if "Yes," comp				defined	ın section 512	2(b)(13) of			
		(A) Name and address o		Employer I	(B) dentification mber		(C) Description of		(A mount o	D) of transf	er
-		cont rolled ent i	t y	Nu	mber		transfer				
a b											
c											
		Totals									
										1	
107	Did th	ie reporting organiz	ation receive any	transfors from	a controlled entity	v ac doi	finad in saction	512/b\/1:	R) of	Yes	No
107		ode? if "Yes," comp				y as de	illieu III sectioi	1312(0)(1.	3) 01		
		(A)			(B)		(C)		(D)	
	Name and address of each controlled entity		1			Description of transfer	i	A mount o	-	er	
a											
b											
с											
		Totals									
100	D. J. L.					2006		.		Yes	No
108		ie organization have ies and annuities d			ect on August 17,	, 2006	covering the in	iterests, re	nts,		
		der penalties of perjury									
Pleas	١.	d belief, it is true, corre	ct, and complete Dec	claration of prepare	r (other than officer)	is based	1	•	parer nas an	y knowle	age
Sign		Signature of officer					2008-10 Date	-2/			
lere		CHRISTOPHER M CHEF	NEV CHIEF EVECUTI	VE OFFICER							
		Type or print name and		VE OFFICER							
	•	Preparer's			Date 2008-10-24		Check If	Preparer's S	SN or PTIN (See Gen	Inst W)
Paid	_	* F	A H DIECKMAN CPA		2000 10 24		self- empolyed 🕨 🦵				
_	arer's	Firm's name (or yours					·				
Use Only		if self-employed), address, and ZIP + 4	?					EIN 🕨			
Unity		addicss, dild ZIF T 4	HORNE LLP								
			PO BOX 22964					Phone no	• (601) 948	3-0940	
			1ACKSON MS 392	252964					(/-	•	

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DLN: 93490303006028

SCHEDULE A (Form 990 or 990EZ)

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 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

2007

Name of the organization MISSISSIPPI CHILDREN'S HOME SOCIETY			Employer identifi	cation number
THESE STATE STORE SOCIETY			64-0303085	
Part I Compensation of the Five				and Trustees
(See page 1 of the instructio	ns. List each one. If there a	ire none, ent	er "None.") (d) Contributions	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comper	to employee henefi	(e) Expense account and other allowances
None				
	4			
		+		+
	1			
Total number of other employees paid over \$50,000				
. ,	 Five Highest Paid Indepo	endent Cont	ractors for Profession	nal Services
	ictions. List each one (whet			
"None.")			·	·
(a) Name and address of each independent of	contractor paid more than \$50,0	000	(b) Type of service	(c) Compensation
CANIZARO CAWTHON DAVIS 129 S PRESIDENT ST			ECTURAL SERVICES	91,696
JACKSON, MS 39201		ARCHIT	LCTORAL SERVICES] ,,,,,,
				+
Total number of others receiving over \$50,00	00 for			
professional services				
	Five Highest Paid Indeperson performed services other			
	enter "None". See page 2 1			Tarviadar or
(a) Name and address of each independent	contractor paid more than \$50	,000	(b) Type of service	(c) Compensation
FOUNTAIN CONSTRUCTION			NCTRUCTION CERVICES	101.403
PO BOX 10506 JACKSON, MS 39289		0	NSTRUCTION SERVICES	191,403
SINCLAIR TOWNES CO				
PO BOX 28716			PITAL CAMPAIGN NSULTANT	77,647
ATLANTA,GA 30358				_
GODWINGROUP		<u> МЕ</u> І	DIAPUBLIC RELATIONS	65,154
PO BOX 531 JACKSON, MS 39205		SEF	RVICES	05,154
				1
Takal nameh an afa di				
Total number of other contractors receiving of \$50,000 for other services	over ▶			

Par	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, include any attempt	\Box		
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred	ın		
	connection with the lobbying activities ► \$ 36,000 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	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.) $rac{a}{a}$	된		
а	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a		Νo
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b		Νo
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	Зс		Νο
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete line 4f and 4g	es 4a		No
Ь	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4с		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	Reason for Non-Private I	oundation Status	(See pages 4 th	rough 7 of the	instructions.)				
Icert	ify th	at the organization is not a private foun	dation because it is (PI	ease check only C	NE applicable bo	ox)				
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)					
6	Γ	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)							
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	tion 170(b)(1)(A)	(111)					
8	Γ	A federal, state, or local government of	or governmental unit Se	ction 170(b)(1)(A)(v)					
9	Γ	A medical research organization oper	ated in conjunction with	a hospital Section	170(b)(1)(A)(ı	π) Enter the ho	spital's name, city,			
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp	-	•	ated by a govern	mental unit				
11a	<u>~</u>	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•		overnmental uni	t or from the ger	neral public			
11b	Γ	A community trust Section $170(b)(1)(A)(vi)$ (Also complete the Support Schedule in Part IV-A)								
12	Г	An organization that normally receives (1) more than 331/3% 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 331/3% 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.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the								
	·	requirements of section 509(a)(3) Cl		bes the type of sup		ation				
		Provide the following informa	tion about the supporte	d organizations. (s	see page 7 of the	e instructions.)				
1	lame((a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the janization's	(e) Amount of support?			
				IRC section)	Yes	No				
Total				1		<u> </u>				
							1			

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not	2,911,554	1,258,505	1,301,856		2,084,459	7,556,374
10	include unusual grants See line 28)						0
16	Membership fees received Gross receipts from admissions, merchandise						0
17	sold or services performed, or furnishing of	040 400	070 704				
	facilities in any activity that is related to the	919,423	878,794	929,722		693,277	3,421,216
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	165.010	442.224	140.074		115.000	574.004
	unrelated business taxable income (less section	165,810	143,321	149,071		115,882	574,084
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						0
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						0
	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						0
	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	4,808	12,119	11,492		2,174	30,593
23	Total of lines 15 through 22	4,001,595	2,292,739	2,392,141		2,895,792	11,582,267
24	Line 23 minus line 17	3,082,172	1,413,945	1,462,419		2,202,515	
25	Enter 1% of line 23	40,016	22,927	23,921		28,958	· · · · ·
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lır	ne 24	26a		163,221
ŀ	Prepare a list for your records to show the name of	and amount cont	ributed by each p	erson (other			
_	than a governmental unit or publicly supported org						
	2005 exceeded the amount shown in line 26a Do	•	-	-			
	of all these excess amounts		•	▶	26b		1,406,033
	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c		8,161,051
	Add Amounts from column (e) for lines 18	574,084	¹ 19	0		i	<u></u>
•			 26b	1,406,033	26d	i	2,010,710
•	Public support (line 26c minus line 26d total)				26e		6,150,341
	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))	▶	26f	Ì	7536 21 %
27	Organizations described on line 12: a For amou			7 that were recei		a "disqu	
	prepare a list for your records to show the name of						
	Do not file this list with your return. Enter the sun	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(2006) (2005)		(2004)		(2003)		
ŀ	For any amount included in line 17 that was receiv	ed from each pers	·` ′	lisqualified persor	.`	pare a lis	t for your
_	records to show the name of, and amount received						
	or (2) \$5,000 (Include in the list organizations de	• •					•
	return. After computing the difference between the		- '		•		•
	these differences (the excess amounts) for each y		_			,	
	(2006) (2005)		(2004)		(2003)		
	· · · · · · · · · · · · · · · · · · ·		· · · · <u></u>		•		
	Add Amounts from column (e) for lines 15		16				
	17 20	-			•	27c	
,	Add Line 27a total	and line 27b tot	 al		>	27d	
_	Public support (line 27c total minus line 27d total)				▶	27e	
_	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f	•	- 	
Т	Public support percentage (line 27e (numerator) d			<u></u>	27g	1 I	
_	investment income percentage (line 18, column (e			denominator\\ =	27g 27h	<u> </u>	
	Unusual Grants: For an organization described in li					N 2 +b===:	ah 2005
28	prepare a list for your records to show, for each ye						

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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		<u> </u>
	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		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c	j	
c	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			
ā	Students' rights or privileges?	33a		
ŀ	Admissions policies?	33b		<u> </u>
ď	Employment of faculty or administrative staff?	33с		
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	I	
f	Use of facilities?	33f	I	
ç	Athletic programs?	33g	I	
ŀ	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
_	Has the organization's right to such aid over been reveled as even and d2	3/L		
ŀ	has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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	i	

Schedule A (Form 990 or 990-EZ) 2007 Page 6 Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (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 (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 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

41

42

43

44

43 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36
44 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38

Over \$1,000,000 but not over \$1,500,000

Over \$17,000,000

Over \$1,500,000 but not over \$17,000,000

42 Grassroots nontaxable amount (enter 25% of line 41)

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

\$1,000,000

4-Year Averaging Period Under Section 501(h)

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

(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 Perio					
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						

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.) 🕏

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

- 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.)

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

L	t of the mondedons.)						
	Yes	No	A mount				
		Νo					
		Νo					
		Νo					
		Νo					
		Νo					
		Νo					
	Yes		36,00				
		Νo					
	<u>-</u>	<u>-</u>	36,00				

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

Solic) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations a Transfers from the reporting organization to a noncharitable exempt organization of a (ii)
(i) Cash (ii) Other assets b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimburs ement arrangements (b(iv) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Rental of facilities, equipment, mailing lists, other assets, or paid employees (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (viii) Performance of services
(ii) Other assets by Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iii) Purchases of assets from a noncharitable exempt organization (iv) Reimbursement arrangements (iv) Reimbursement arrangements (iv) Performance of services or membership or fundraising solicitations (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (viii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Perfo
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Remainswer 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 sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (b) (c) Name of noncharitable exempt organization Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Amount involved Name of noncharitable exempt organization Obscription of transfers, transactions, and sharing arrangements Obscription of transfers, transactions Obscription of transfers, transactions
(ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or solicita
(ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or fundraising solicitations (vii) Performance of services or membership or solicitations (vii) Performance of services or services or services or services or
(iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (b) No (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (c) No (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 (a) (b) Amount involved Name of noncharitable exempt organization Pescription of transfers, transactions, and sharing arrangements. (d) Description of transfers, transactions, and sharing arrangements.
(v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations (vi) Performance of services or membership or fundraising solicitations (c) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (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 (a) (b) (c) (d) Description of transfers, transactions, and sharing arrangements (a) Name of noncharitable exempt organization arrangements
(vi) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (a) (b) (c) Name of noncharitable exempt organization. Pescription of transfers, transactions, and sharing arrangements. Name of noncharitable exempt organization. Pescription of transfers, transactions, and sharing arrangements. Pescription of transfers, transactions, and sharing arrangements are sharing a sharing arrangement arrange
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(a) (b) (c) Name of noncharitable exempt organization (c) Description of transfers, transactions, and sharing arrangements Description of transfers, transactions, and sharing arrangements Description of transfers, transactions, and sharing arrangements
a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations
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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 • Yes
(a) (b) (c) Name of organization Type of organization Description of relationship

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DLN: 93490303006028

OMB No 1545-0172

Form **4562**

Department of the Treasury Internal Revenue

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

Attachment

Service					,				I	Sequence No 67
Name(s) shown on return	me(s) shown on return SSISSIPPI CHILDREN'S HOME SOCIETY Business or activity to which this form relates Idea							t if y ing	g number	
MISSISSITTI CHIEDREN	S HOME SOCIE	_ ' '	Form 990 Pag	ge 2				64-0	3030	85
Part I Election	To Expense (Certain		-	179					
Note: If y	ou have any li	sted pro	perty, comple	ete Part V befo	ore yo	u con	nplete Pa	art I.		
1 Maxımum amount See	the instructions	for a hig	her limit for cert	taın busınesses				•	1	125,000
2 Total cost of section 1	79 property plac	ced ın ser	vice (see instru	ctions) .					2	
3 Threshold cost of sect	ion 179 property	y before r	eduction in limit	ation					3	500,000
4 Reduction in limitation	Subtract line 3	from line	2 If zero or les	s, enter - 0 -					4	
5 Dollar limitation for tax					O- Ifm	narried	filina			
separately, see instruc	•								5	
									_	
(a) D	escription of pro	narty		(b) Cost	(busıne	ss us	9 (6) 5	lected	cost	
(a) D	escription or pro	рретту			only)		(6)	recteu	CUSI	_
6										4
						Τ_				_
7 Listed property Enter					•					
8 Total elected cost of s	ection 179 prop	erty Add	amounts in colu	umn (c), lines 6	and 7	•			8	
9 Tentative deduction E	nter the smaller	of line 5	or line 8 .		•				9	
10 Carryover of disallowe	d deduction from	line 13 c	of your 2006 For	rm 4562 .					10	
11 Business income limitation	Enter the smaller of	business in	ncome (not less that	n zero) or line 5 (se	ee instru	ctions)		•	11	
12 Section 179 expense	deduction Add li	ines 9 and	d 10, but do not	enter more tha	n lıne 1	1 .			12	
13 Carryover of disallowe	d deduction to 2	bbA 800	lines 9 and 10,	less line 12	.▶	13				
Note: Do not use Part	II or Part III b	elow for	r listed proper	ty. Instead, u	se Pai	rt V.				
							ınclude l	listed pi	operty	/) (See instructions)
14 Special allowance for o										
property) and cellulosi	c biomass ethan	ol plant p	property placed i	ın service durin	g the ta	ax yea	r			
(see instructions)									14	
15 Property subject to se		election				•		•	15	
16 Other depreciation (in						•			16	311,635
Part IIII MACRS De	preciation (I	Do not i			e inst	ructio	ns.)			
17 MACRS deductions for				ection A	007				47	
	•			-		•		•	17	
18 If you are electing t		•	aced in service	e during the t	ax yea	ar into		more . ►		
general asset accou	ints, check hei T					•	• •	. 🏲 I	<u> </u>	
	(b) Month and		Basis for preciation							
(a) Classification of	year placed in		ss/investment	(d) Recovery	(e) C	onvent	:ion (f) Metho	od	(g)Depreciation
property	service	`	use	period	` ′		•	•		deduction
		only—se	e instructions)						\rightarrow	
19a 3-year property										
b 5-year property					-				-	
c 7 - year property	+								\rightarrow	
d 10-year property e 15-year property									-+	
f 20-year property									+	
g 25-year property				25 yrs				S/L		
h Residential rental				27 5 yrs		и м		S/L		
property				27 5 yrs		и М		S/L		
i Nonresıdentıal real				39 yrs	1	и м		S/L		
property					١	ΜМ		S/L		
Sect io	n C—Assets Plac	ced in Ser	vice During 2007	7 Tax Year Using	g the A	lterna	tive Depr	eciat ior	Syste	em
20a Class life								S/L		
b 12-year				12 yrs				S/L		
c 40-year	L	<u> </u>		40 yrs		M M		S/L		
	y (see instruc									
21 Listed property Enter					•			•	21	
22 Total. Add amounts from and on the appropriate							e 21 Ent	er here	22	311,635
23 For assets shown above							<u> </u>			
portion of the basis att	ributable to sect	tion 263A	costs	· · · ·		23				
				0 1 11 100	0 6 81					4EGO / 2007\

Form 4562 (2007) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage

42 A mortization of costs that begins during your 2007 tax year (see instructions) 43 Amortization of costs that began before your 2007 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Additional Data

Software ID: Software Version:

EIN: 64-0303085

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

	o 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
а	OTHER PROFESSIONAL FEES	43a	669,638	487,861	98,318	83,459
ь	MEMBERSHIP DUES	43b	11,980	9,972		2,008
С	MISCELLANEOUS EXPENSE	43c	28,347	3,873	3,474	21,000
d	INSURANCE EXPENSE	43d	84,460	47,114	25,185	12,161
e	GENERAL AND ADMINISTRATIVE ALLOCATION	43e	529,181	468,405	10,383	50,393
f	BUILDING EXPENSE	43f	275,987		275,987	
g	ENDO WMENT FUND ADMINISTRATIVE EXPENSE	43g	14,780		14,780	
h	BAD DEBT EXPENSE	43h	1,287	1,287		

Form 990, Part III - Program Service Accomplishments:

num (c)(ber of clients served, publications issued, etc. Disc	achievements in a clear and concise manner. State the cuss achievements that are not measurable. (Section 501 npt charitable trusts must also enter the amount of grants	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	RUNAWAY, THROWAWAY, AND HOMELESS CH WERE SERVED IN 2007	IN EMERGENCY FACILITY FOR ABUSED, NEGLECTED, HILDREN FROM INFANCY TO AGE 17 126 PERSONS	706,777
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
ь		GENCY SHELTER AND DIAGNOSTIC EVALUATION 10-17 WITH A RUNAWAY AND HOMELESS YOUTH PERSONS WERE SERVED IN 2007	602,518
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
С	•	N-HOME SERVICES & ADOPTION/MATERNITY PLACES FOSTER PARENTS 620 PERSONS WERE SERVED IN	1,983,802
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d	FAMILY PRESERVATION SERVICES IS A HOM SUPPORT FAMILIES IN CRISIS WHERE CHILD FROM THE HOME OR WHOHAVE BEEN TEMPORESONS SERVED IN 2007	781,138	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e		HE CLOCK IS A HOME AND COMMUNITY-BASED INATED ARRAY OF SERVICES FOR YOUTH WITH RSONS WERE SERVED IN 2007	77,274
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
KAREN SIMMONS 20370 LONGVIEW ROAD LONG BEACH, MS 39560	SOUTH REGIONAL DIRECTOR 45 00	57,182	3,564	0
ELIZABETH FRIZSELL 5846 CLUBVIEW DRIVE JACKSON, MS 39211	PROGRAM DIRECTOR 45 00	22,290	0	0
AUDREY CONE 363 BEAVERBROOK DRIVE JACKSON, MS 39206	CENTRAL REGIONAL DIRECTOR 45 00	53,431	2,671	0
TAMMY MILLER POBOX 2158 COLLINS,MS 39428	REGIONAL DIRECTOR 45 00	60,018	3,722	0
DAVID SANDERS PO BOX 76 JACKSON, MS 39205	BOARD PRESIDENT 4 00	0	0	0
JIM PATTON 14356 NORTH SWAN ROAD GULFPORT, MS 39503	BOARD MEMBER 2 00	0	0	0
BETTE CLARK DIXON PO BOX 3820 BROOKHAVEN,MS 39603	BOARD MEMBER 2 00	0	0	0
CAROL BIEDENHARN 5444 I-55 FRONTAGE ROAD NORTH JACKSON, MS 39211	BOARD VICE PRESIDENT 4 00	0	0	0
SHERRIBETH FARMER PO BOX 1849 JACKSON, MS 39130	BOARD TREASURER 4 00	0	0	0
ROBERTY ABNEY 117 BRADFORD GREEN MADISON,MS 39110	BOARD MEMBER 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
CATHIE BAILEY 112 BRADFORD GREEN MADISON, MS 39110	BOARD SECRETARY 4 00	0	0	0
HELEN BARNES 602 BROADWAY AVENUE JACKSON, MS 39216	BOARD MEMBER 2 00	0	0	0
LAUREN SUSLER BENNER 2307 NORTH CHERYL DRIVE JACKSON, MS 39211	BOARD MEMBER 2 00	0	0	0
FRANCIS BIEDENHARN PO BOX 1239 VICKSBURG,MS 39181	BOARD MEMBER 2 00	0	0	0
RICHARD BRADLEY PO BOX 1084 JACKSON,MS 39215	BOARD MEMBER 2 00	0	0	0
CAROL BRAME 131 SPRING OAK DRIVE MADISON, MS 39110	BOARD ASSISTANT SECRETARY 4 00	0	0	0
CHARLES BRYAN PO BOX 1640 JACKSON,MS 39215	BOARD MEMBER 2 00	0	0	0
MICHAEL GATER 384 GALLERIA PARKWAY MADISON,MS 39110	BOARD MEMBER 2 00	0	0	0
GEORGE GUNN PO BOX 291 JACKSON,MS 392050291	BOARD MEMBER 2 00	0	0	0
BRECK HINES 5819 LAKE TRACE CIRCLE JACKSON, MS 39211	BOARD MEMBER 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

,	<u> </u>		<u> </u>	
(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 plans	(E) Expense account and other allowances
JOE LEE III PO BOX 907 GRENADA, MS 38901	BOARD MEMBER 2 00	0	0	0
PAUL MCNEILL 109 WINDSONG COVE RIDGELAND,MS 39157	BOARD MEMBER 2 00	0	0	0
LAURIE MCREE PO BOX 12630 JACKSON, MS 392362630	BOARD MEMBER 2 00	0	0	0
JACKIE MECK JR 916 AVONDALE STREET JACKSON, MS 39216	BOARD MEMBER 2 00	0	0	0
JAMES MOFFAT PO BOX 940 JACKSON, MS 39205	BOARD MEMBER 2 00	0	0	0
STACY PALMER 107 GREEN DRIVE JACKSON, MS 39211	BOARD MEMBER 2 00	0	0	0
SONYA SANDERSON 265 WEST CANEBRAKE BLVD HATTIESBURG,MS 39402	BOARD MEMBER 2 00	0	0	0
JACK SPRADLING 200 TWIN CEDARS FLORENCE, MS 39073	BOARD MEMBER 2 00	0	0	0
BEN STONE PO BOX 130 GULFPORT, MS 39502	BOARD MEMBER 2 00	0	0	0
FLOYD SULSER JR 105 BRIDGEVIEW CIRCLE RIDGELAND, MS 39157	BOARD MEMBER 200	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 plans	(E) Expense account and other allowances
MARGARET SWAIN PO BOX 1010 MISSISSIPPI STATE, MS 39762	BOARD MEMBER 2 00	0	0	0
DORIAN TURNER 2022 PETIT BOIS ST S JACKSON, MS 39211	BOARD MEMBER 2 00	0	0	0
JEFFREY WEBSTER PO BOX 1606 CANTON,MS 39046	BOARD ASSISTANT TREASURER 4 00	0	0	0
ARTHUR JERNIGAN JR 587 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157	HONORARY BOARD MEMBER - NONVOTING 200	0	0	0
AUBURN LAMBETH PO BOX 5048 JACKSON, MS 39216	HONORARY BOARD MEMBER - NONVOTING 200	0	0	0
TERESA ASQUITH 15 NEW BERN HATTIESBURG,MS 39402	BOARD MEMBER 2 00	0	0	0
SHANTEL DIXON 127 FORMOSA DRIVE BRANDON,MS 39047	BOARD MEMBER 2 00	0	0	0
GWEN DUCKWORTH PO BOX 182 LUMBERTON, MS 39455	BOARD MEMBER 2 00	0	0	0
JON-DAVID JOHNSON 135 PEMBROKE CIRLCE MADISON,MS 39110	BOARD MEMBER 2 00	0	0	0
JOHN LOUIS 4145 EASTOVER DRIVE JACKSON, MS 39211	BOARD MEMBER 2 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
CARES CENTER INC	X	
MISSISSIPPI CHILDREN'S HOME SERVICE INC	Х	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Name	Date A cquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
GAIN ON SALE OF ASSETS	2006-06	PURCHASED	2007-06	VARIOUS	272,647	298,918		0	90,132	116,403



TY 2007 Individual Assistance Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Class of Activity	Amount
EDUCATION MEDICAL AND CLOTHING EXPENSE PAYMENTS FOR FOSTER CARE CHILDREN	42,617



TY 2007 Investments - Land Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND INVESTMENT	1,433,200		1,433,200

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TY 2007 Investments - Securities Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	Book Value	Cost/FMV
TEMPORARY INVESTMENTS	1,116,861	F
NOTES RECEIVABLE	24,660	С

TY 2007 Land etc. Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND BUILDINGS AND EQUIPMENT	9,522,415	3,355,884	6,166,531

TY 2007 Mortgages and Notes Payable Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

EIN: 64-0303085

Total Mortgage Amount: 1025894



TY 2007 Other Assets Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS	11,839	15,748



TY 2007 Other Changes in Net Assets Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	Amount
UNREALIZED GAIN ON INVESTMENT	37,209

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TY 2007 Other Expenses Included Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	Amount
RENT EXPENSE	8,444
LOSS ON DISPOSAL	30,066



TY 2007 Other Liabilities Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

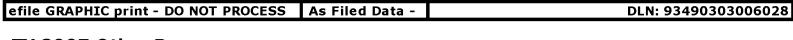
Description	Beginning of Year Amount	End of Year Amount
ACCRUED PENSION PLAN	11,178	0



TY 2007 Other Revenues Included Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	Amount
RENT EXPENSE	8,444



TY 2007 Other Revenues Not Included Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	Amount
LOSS ON DISPOSAL	-30,066

TY 2007 Relationship Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
FLOYD SULSER JR	BOARD MEMBER	LAUREN SULSER BENNER	BOARD MEMBER	A FATHER-DAUGHTER RELATIONSHIP EXISTS BETWEEN BOARD MEMBERS FLOYD SULSER, JR AND LAUREN SULSER BENNER MR SULSER HAS BEEN A BOARD MEMBER FOR A NUMBER OF YEARS MRS BENNER BECAME A BOARD MEMBER IN 2006

TY 2007 Non Electing Public Charities Statement

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

EIN: 64-0303085

Statement: THE PURPOSE OF THE LOBBYING EFFORT WAS TO PRIMARILY

EDUCATE THE LEGISLATORS ON THE SERVICES MCHS AND ITS AFFILIATES PROVIDE. ALSO, TAXPAYER WAS ATTEMPTING TO PASS SOME LEGISLATION REGARDING CON BEDS FOR HINDS

COUNTY, OBTAINING PARITY IN OUR SCHOOL FOR REIMBURSEMENT FOR PARENT-PLACED CHILDREN AND

DESIGNATION AS A MENTAL HEALTH CENTER.

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TY 2007 Other Income Schedule

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Description	2006	2005	2004	2003	Total
SALE OF ASSETS					
OTHER INCOME	4,808	12,119	11,492	2,174	30,593

TY 2007 Self Dealing Statement

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

Line Number	Explanation
2d	GEORGE GUNN IS A BOARD MEMEBER THAT IS ALSO EMPLOYED WITH TRUSTMARK BANK, WITH WHICH MISSISSIPPI CHILDREN'S HOME SOCIETY HAS A BANKING RELATIONSHIP.THE NOTE RECEIVALBE BALANCE OF \$24,660 IS A MORTGAGE NOTE ON THE HOME OF THE ORGANIZATION'S CHEIF EXECUTIVE OFFICER, CHRISTOPHER M. CHERNEY.