### **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



DLN: 93493306004089

Form 990

Department of the Treasury Internal Revenue

### **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

2008
Open to Public Inspection

Serv								
A Fo	or the	2008 ca	ilendar yea	r, or tax year beginning 01	-01-2008 and ending 12-31-200	8	D Employer ide	entification number
_		ipplicable	Please	C Name of organization MISSISSIPPI CHILDREN'S HO	ME SOCIETY			
	dress cl	_	use IRS label or	Doing Business As			64-030308 E Telephone nu	
_	me cha	_	print or type. See				(601) 352-	7784
	tıal retu		Specific Instruc-		ox if mail is not delivered to street addre	ess) Room/suite	G Gross receipt	
┌ Te	mınatı	on	tions.	P O BOX 1078				+,,
☐ An	nended	return		City or town, state or country JACKSON, MS 39215	, and ZIP + 4	•		
Г Ар	plication	n pending		JACKSON, 145 33213				
			F Nar	me and address of Principa	l Officer	H(a) Is this	s a group return	for
				TOPHER M CHERNEY OX 1078		affiliat		┌ Yes ┌ No
				ON, MS 39215		H(b) Are all	affiliates include	ed?
<b>I</b> Ta	ıx-exen	npt status	<b>▽</b> 501(c	) (3) ◀ (insert no )	(a)(1) or			See instructions )
J W	eb sit	: <b>e:                                   </b>	w mchscare	es org		_	Exemption Nu	
						<u> </u>		
<b>К</b> Тур	e of or	ganızatıon	✓ Corporat	tion trust association o	ther 📂	<b>L</b> Year of For	mation 1912 <b>M</b>	State of legal domicile MS
Pa	rt I	Sum	mary					
	1	Briefly	describe th	ie organization's mission oi	most significant activities			
3					families by providing a continuu	m of compassı	onate, measure	able, and effective
듄		benavio	rai neaith i	and social services				
Governance	2	Check	this box	if the organization discont	inued its operations or disposed o	of more than 2!	5% of its assets	5
ခ် ဇ	3		,		oody (Part VI, line 1a)			32
	4				e governing body (Part VI, line 1			32
8	5			_			_	152
乬	_			mployees (Part V , line 2a) olunteers (estimate if nece:			5_	36
Activities &	6				Part VIII, line 12, column (C)		0 _ 7a	0
•		_			Form 990-T, line 34	•	7a _ 7b	0
	۳	Tree din	Ciuted Busi	mess taxable meeme nom	7 (m 330 1, m 34 1 1	Prio	r Year	Current Year
	8	Contri	hutions an	d grants (Part VIII line 1 h	1)		4,167,353	6,038,856
₽	9			revenue (Part VIII, line 20		3,062,426	4,187,353	
Ravenue	10			, ,	• •	'	158,034	116,016
Æ	Investment income (Part VIII, column (A), lines 3, 4, an Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c						104,783	122,254
	12		•	, , , , , ,	st equal Part VIII, column (A), lin	ie	201,700	
		12)					7,492,596	10,464,479
	13			ar amounts paid (Part IX, c			42,617	40,023
	14		•	or for members (Part IX, co		_		0
88	15	Saları 10)	es, other co	ompensation, employee be	nefits (Part IX, column (A), lines	5 –	2,579,320	4,190,116
Expenses	16a	•	sional fund	iraısıng fees (Part IX, colui	mn (A), line 11e)			106,357
<del>₹</del>	ь			penses, Part IX, column (D), line				·
ш	17			(Part IX, column (A), lines			3,208,101	4,469,564
	18				ual Part IX, line 25, column (A))		5,830,038	8,806,060
	19		-	penses Subtract line 18 fr			1,662,558	1,658,419
<u>광</u> 중			<u> </u>			Beginni	ng of Year	End of Year
e en En	20	Total	assets (Pa	rt X, line 16)			12,424,373	22,910,396
Ass 1Ba	21			Part X, line 26)			1,603,074	10,670,280
Net Assets or Fund Balances	22			nd balances Subtract line 2	21 from line 20		10,821,299	12,240,116
	rt II	_	ature Bl				10,011,100	
					nined this return, including accompanying	schedules and st	atements, and to t	the best of my knowledge
					on of preparer (other than officer) is base			
Plea Sign		****					10-30	
Her		F Sign	ature of office	er		Date		
			ISTOPHER Me or print name	CHERNEY CHIEF FINANCIAL OFF	TICER			
			- or principali	io and tide	D-1-		D / D	I/Con Com Tool )
D- '	<b></b>		parer's	IARSHA H DIECKMAN CPA	Date 2009-10-22	Check If self-	Preparer's PTIN	l (See Gen Inst )
Pai			nature P M	WOUNT DIEGRIAN CFA		empolyed •	-	
Use	pare		n's name (or	yours L				
Onl		ıf se	elf-employed) ress, and ZIP	),			EIN 🕨	
Jill	7	"	. 555, GIR ZIF	HORNE LLP				
				1020 Highland Colony Pky	wy Ste 400		Phone no 🕨 (	(601) 326-1000

Form **990** (2008)

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

1	Briefly describe the organization's mission	on				
	WARREN COUNTY CHILDREN'S SHELTER TO AGE 17 138 PERSONS WERE SERVE		ACILITY FO	R ABUSED, NEGLECTED, R	UNAWAY, THROWAWAY, AND HOI	MELESS CHILDREN FROM INFANCY
2	Did the organization undertake		gram ser	vices during the year	which were not listed on	
	the prior Form 990 or 990-EZ?					┌ Yes ┌ No
2	If "Yes," describe these new se			abangas in bowit son	duete any program	
3	Did the organization cease cond services?					┌ Yes ┌ No
	If "Yes," describe these change	s on Schedule O				
4	Describe the exempt purpose a					
	Section 501(c)(3) and (4) organishments, the total expenses, and					and allocations to
4a	(Code ) (Exp WARREN COUNTY CHILDREN'S SHEL	·		including grants of \$	) (Revenue \$	687,136 )
	INFANCY TO AGE 17 138 PERSONS V			FOR ABOSED, NEGLECTED,	, KUNAWAT, THROWAWAT, AND F	IOMELESS CHILDREN FROM
4b	(Code ) (Exp	enses \$	637,113	including grants of \$	) (Revenue \$	584,794 )
	SOUTH MS CHILDREN'S CENTER IS A AND HOMELESS YOUTH COMPONENT					AGES OF 10-17 WITH A RUNAWAY
4c				including grants of \$	) (Revenue \$	3,456,019 )
	THERAPEUTIC FOSTER CARE, INTENS PERSONS WERE SERVED IN 2008	SIVE IN-HOME SERVIC	ES & ADOPT	ITON/MATERNITY PLACES I	YOUTH AND INFANTS WITH ADOP	TIVE AND FUSIER PARENTS 669
	(Code ) (Exp	enses \$ 3,	238,255	including grants of \$	) (Revenue \$	3,162,572 )
4d	Other program services (Des	cribe in Schodula (	<u> </u>			
-tu	(Expenses \$	including)		\$	) (Revenue \$	)
4e	Total program service expens		,031,182	<u> </u>	Line 25, column (B).	· · · · · · · · · · · · · · · · · · ·
	, 3.2 2220		_,	-4	, := (=).	

art TV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 30	,		
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
U	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
<b>3</b> -	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return	4		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f		7f		N o
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		Νο
"	required?	7h		Νo
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		Νo
	year?			1110
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b	1		

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 3	2						
Ь	Enter the number of voting members that are independent 1b 3	2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	. 8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MS
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PAMELA BRITT 1900 N WEST ST JACKSON,MS 39202 (601) 352-7784

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

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did	not compens	ate any	offic	er, c	direc	tor, tru	uste	e or key employee		
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JIM PATTON , BOARD MEMBER	2 00	Х						0	0	0
BETTE CLARK DIXON , BOARD MEMBER	2 00	Х						0	0	0
ROBERT ABNEY , BOARD MEMBER	2 00	Х						0	0	0
LAUREN SUSLER BENNER , BOARD MEMBER	2 00	Х						0	0	0
FRANCIS BIEDENHARN , BOARD MEMBER	2 00	Х						0	0	0
RICHARD BRADLEY III , BOARD MEMBER	2 00	Х						0	0	0
CHARLES BRYAN , BOARD MEMBER	2 00							0	0	0
MICHAEL GATER, BOARD MEMBER	2 00	Х						0	0	
GEORGE GUNN , BOARD MEMBER	2 00	Х						0	0	
BRECK HINES , BOARD MEMBER	2 00	Х						0		
JOE LEE III , BOARD MEMBER	2 00	Х						0	0	
PAUL MCNEILL, BOARD MEMBER	2 00	Х						0	0	0
LAURIE MCREE , BOARD MEMBER	2 00	Х						0	0	
JACKIE MECK JR , BOARD MEMBER	2 00	X						0		
JAMES MOFFAT , BOARD MEMBER	2 00	X						0		
STACY PALMER, BOARD MEMBER	2 00	Х						0		
SONYA SANDERSON , BOARD MEMBER	2 00	Х						0	0	0
JACK SPRADLING , BOARD MEMBER	2 00	Х						0	0	
BEN STONE , BOARD MEMBER	2 00	X			ļ			0		
MARGARET SWAIN , BOARD MEMBER	2 00	X						0	0	0
DORIAN TURNER , BOARD MEMBER	2 00	X						0		
JON-DAVID JOHNSON , BOARD MEMBER	2 00	X		_				0	0	
JOHN LOUIS , BOARD MEMBER	2 00	X		-				0		
SONYA HINTON , BOARD MEMBER	2 00	X		<u> </u>		-	_	0		
CATHY HUDGINS , BOARD MEMBER BILLY WALTON , BOARD MEMBER	2 00	X	-	-		-	-	0		
DAVID SANDERS , BOARD PRESIDENT	4 00			Х				0		
CATHIE BAILEY , BOARD SECRETARY	4 00			X				0	0	0
CAROL BRAME , BOARD SECRETARY ASSISTAN	4 00	X		X				0	0	0
SHERRIBETH FARMER , BOARD TREASURER	4 00	X		X				0		
JEFFREY WEBSTER , BOARD TREASURER ASSISTAN	4 00			X				0	0	0
CAROL BIEDENHARN , BOARD VICE PRESIDENT	4 00	Х		Х				0	0	0
ARTHUR JERNIGAN JR , HONORARY BOARD MEMBER -	2 00	Х						0	0	0
Christophey Cherney , Chief Executive Officer	45 00			X				0	123,026	10,527
Pamela Britt , Chief Financial Officer	45 00			X			-	0		
Melissa Difatta , Chief Legal Counsel	45 00			X				0	94,115	8,363
John Damon , Chief Operating Officer	45 00			X				0		
sering among among				<del>                                     </del>				_	2017.120	
			<u> </u>							
			-	_	-					
	-		-	_	ļ		_			
	-		-	_			<u> </u>			

### Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							$\vdash$			
			-	Щ			$\vdash$			
			-							
1b Total				Ш.			▶		424,821	41,523

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation		
Canizaro Cawthorn Davis 129 S President Street JACKSON, MS 39201	Architecural Services	299,216		
Sinclair Townes & Company PO Box 28716 atlanta, GA 30358	Capital Campaign Consultant	106,357		
FOUNTAIN CONSTRUCTION PO BOX 10506 JACKSON, MS 39289  CONSTRUCTION SERVICES				
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	,	3		

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated camp	aigns 1a	121,613		Revenue		312, 313, 01 314
nts Disse	ь	Membership due	s					
gra	c	Fundraising evei	1b					
ts, ⊞		rundraising ever	1c					
<u>≅</u> ,⊒	d	Related organiza						
ins, sim	e	Government grants		3,956,950				
Contributions, gifts, grants and other similar amounts	f	All other contribution similar amounts not	ns, gifts, grants, and included above	1,960,293				
늘	g		utions included in					
ပ္မ	h	lines 1a-1f \$ Total (Add lines	1,917,810 <b>1a-1f)</b>	,	6,038,856			
				Business Code				
Εle	2a	OTHER PROGRAM S	ERVICE	624,100	3,620,081	3,620,081		
Je.	ь	RESIDENTIAL TREAT	MENT	624,100	495,952	495,952		
<u>28</u> 0.	с	ADOPTION FEES		624,100	71,320	71,320		
Š	d				·	· · · · · · · · · · · · · · · · · · ·		
Ř	e							
ram	f	All other program	n service revenue					
Program Service Revenue	g	Total. Add lines	2a-2f					
		<b>\$</b> 4,187,353						
	3		me (including divid	· · · · · · · · · · · · · · · · · · ·	106,251			106,251
			ounts)	<b>▶</b>	100,231			100,231
	4	Income from investi	ment of tax-exempt bo	ond proceeds				
	5	Royalties						
		_	(ı) Real	(11) Personal				
	6a	Gross Rents Less rental						
	ь	expenses						
	С	Rental income or (loss)						
	d	Net rental incom	ne or (loss)	 •				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of		9,765				
		assets other than inventory						
	b	Less cost or other basis and						
		sales expenses		9,765				
	d	Gain or (loss)  Net gain or (loss	· <b>\</b>	9,703	9,765	9,765		
	8a		<u></u>	<b>.</b>	2,7.00			
ė.	oa -	events (not inclus) \$	uding 374					
듔		of contributions 1c) See Part IV						
eve.		Attach Schedule (	G if total exceeds					
r CC	L .	\$15,000						
Other Revenue	c c	·	enses <b>b</b> oss) from fundraısı	53,685 ng events	117,689	117,689		
	9a	Gross income fro						
		activities See p Complete Schedu						
		exceeds \$15,000						
	_		a					
	b c	•	ensesb  oss) from gaming a	ictivities				
	10a	Gross sales of Ir		<b>&gt;</b>				
		returns and allow	wances .					
	ь	less costofac	a ods sold b					
	_ c	_	oas sold <b>b</b>   oss) from sales of	inventory				
		Miscellaneous		Business Code				
	11a	OTHERINCOM	E	900,099	4,565			4,565
	b							
	С							
	d	All other revenu	e					
	e		11a-11d					
	17	Total Parent	Valad Irma - 4 to 2000	\$ 4,565	10,464,479	4,314,807	0	110,816
	12	8c,	Add lines 1h, 2g, 3		10,404,479	7,317,007	0	110,010
	j	9c, 10c, and 11	e	. •[				Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	40,023	40,023		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,452,215	3,227,852		173,271
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	737,901	700,826	2,279	34,796
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	106,357			106,357
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	447,797	234,231	78,226	135,340
14	Information technology				
15	Royalties				
16	Occupancy	280,717	249,840	23,746	7,131
17	Travel	540,750	536,995	493	3,262
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	39,214	31,231	1,443	6,540
20	Interest	103,494	25,915	69,594	7,985
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	298,509	58,423	240,086	
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	OTHER PROFESSIONAL FEES	984,967	799,337	67,865	117,765
ь	GENERAL AND ADMINISTRAT	903,789	875,333	13,855	14,601
c	BUILDING EXPENSE	287,140	,	287,140	, -
	EQUIPMENTAL RENTAL AND	189,368	94,877	93,812	679
	INSURANCE EXPENSE	115,518	63,476	48,113	3,929
	All other expenses	278,301	92,823	118,721	66,757
25	Total functional expenses. Add lines 1 through 24f	8,806,060	7,031,182	1,096,465	678,413
26	Joint Costs. Check   If following SO P 98-2 Complete this	5,555,555	7,031,102	1,000,400	0,0,413
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
	Balance	SHEET

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	204,424
	2	Savings and temporary cash investments			1,155,067	2	9,915,412
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,512,306	4	2,140,757
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of	ection	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
20	9	Prepaid expenses and deferred charges				9	
ssets	10a	Land, buildings, and equipment cost basis	1	1			
⋖			10a	13,453,692			
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	3,686,917	7,599,731	100	9,766,775
	11	Investments—publicly traded securities	100	0,000,017	7,000,701	11	0,700,770
	12	Investments—other securities See Part IV, line 11 Complete Part IV	of .	1,141,521	12	792,681	
	13	Schedule D  Investments—program-related See Part IV, line 11 Complete Part IV, line 11 C		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		15,748		90,347	
	13	D	15,740	15	50,547		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,424,373	16	22,910,396
	17	Accounts payable and accrued expenses .			577,180	17	1,508,311
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ēŠ	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L	•		22		
	23	Secured mortgages and notes payable to unrelated third parties	1,025,894	23	9,161,969		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			1,603,074	26	10,670,280
ses		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets			2,746,701	27	3,232,546
Balance	28	Temporarily restricted net assets			3,765,096	28	4,965,699
<u> </u>	29	Permanently restricted net assets			4,309,502	29	4,041,871
r Fund		Organizations that do not follow SFAS 117, check here ► □ an lines 30 through 34.	d com	plete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu				32	
Net	33	Total net assets or fund balances			10,821,299	33	12,240,116
Z	34	Total liabilities and net assets/fund balances			12,424,373	34	22,910,396
Pa	rt XI	Financial Statements and Reporting	_				

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes" did the organization undergo the required audit or audits?	3b	Yes	

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

1

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

The organization is not a private foundation because it is (Please check only **one** organization )

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

OMB No 1545-0047

Open to Public Inspection

Name of the organization MISSISSIPPI CHILDREN'S HOME SOCIETY

**Employer identification number** 64-0303085

								1		
		1	Yes	No	Yes	No	Yes	No	1	
		(See Instructions))	docui	verning ment? I		oort?		U S ?		
orted ization		(described on lines 1-9 above or IRC section	col (i)	ation in listed in	ın col (i	nization ) of your	col (i)	zation in organized	Supp	ort?
me of	(ii) EIN	(iii) Type of organization		s the		ou notify		Is the	1	nount of
Provide the	e following infor	mation about the organizatio	ns the org	janızatıon	supports				•	
• •		ity of a person described in (		bove?				11g(		$\vdash$
. ,	, -	person described in (i) above	-	CIOII.				11g(	`	<del>                                     </del>
	•	or indirectly controls, either a ing body of the the supported		_	tii persons	describe	a iii (ii)	11g	(i) Yes	No
following pe	ersons?									T
check this Since Augu		as the organization accepted	d anv gift	or contrib	ution from	anv of the	<u> </u>			Γ
section 50 If the organ		ed a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type II	I supportır	ıg organı:	zation,
other than	foundation man	agers and other than one or			•					
•	ype I <b>b</b> q this box, I ce	Type II c			nally Integ tly or indi		<b>d</b> one or mo		III - Ot fied pers	
the box tha	it describes the	type of supporting organiza	tion and c	omplete l	nes 11e t	hrough 11	h			
		and operated exclusively fo orted organizations describe								
-	_	and operated exclusively to	•		•				•	
acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III	)			
ıts support	from gross inv	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta	x) from bu	sınesses	
_		lated to its exempt functions					•	•	,	
	•	ally receives (1) more than		•	•	ontribution	ns. memb	ership fees	and arc	ss
	•	<b>b)(1)(A)(vi)</b> (Complete Par ped in <b>Section 170(b)(1)(A)</b>	•	nnlete Par	+					
_		ally receives a substantial p		support fro	om a gove	rnmental ı	init or fro	m the gene	ral publi	С
•		overnment or governmental								
		(Complete Part II )								
			universit	y owned o	r operated	by a gove	ernmenta	l unit desc	rıbed ın	
•	, ,,									
A me	dıcal ıtal's ı	edical research organ ital's name, city, and	edical research organization operated in conjuncti ital's name, city, and state	edical research organization operated in conjunction with a lital's name, city, and state	edical research organization operated in conjunction with a hospital d ital's name, city, and state	edical research organization operated in conjunction with a hospital described in ital's name, city, and state	edical research organization operated in conjunction with a hospital described in <b>Section</b> ital's name, city, and state	edical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1</b> ital's name, city, and state	edical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> E ital's name, city, and state	edical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the ital's name, city, and state  rganization operated for the benefit of a college or university owned or operated by a governmental unit described in

## Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu tile box of	11 IIIIe 5, 7, or	0 01 Part 1.)				
	ublic Support					_		
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,301,856	1,258,505	2,911,554	4,167,353		6,210,230	15,849,498
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the							
4	organization without charge <b>Total.</b> Add line 1-3	1,301,856	1,258,505	2,911,554	4,167,353		6,210,230	15,849,498
5	The portion of total contribution by each							<u>-</u>
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							2,789,185
6	(f) <b>Public Support</b> subtract line 5 from line 4							13,060,313
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,301,856	143,321	2,911,554	4,167,353	6,210,230		15,849,498
8	Gross income from interest, dividends,					116,016		
	payments received on securities loans, rents, royalties and income from similar sources	149,071	143,321	165,810	444,799			1,019,017
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	11,492	12,119	4,808	8,977		4,565	41,961
11	Total Support (Add lines 7 through 10)							16,910,476
12	Gross receipts from related activities, etc	(See instruction	s)			12		9,977,718
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		77 230 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		75 360 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as	a publicly supp	orted organizati	on				<b>▶</b> ▽
	33 1/3% Test - 2007. If the organization disposed and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances" meets the "facts and circumstances" more, and if the organization meets the "facts and circumstances" meets the "facts and circumstances" more, and if the organization meets the "facts and circumstances" more and circumstances.	es as a publicly s If the organization ets and circumst	supported organ on did not check ances" test, che	ization a box on line 1: eck this box and	3, 16a, or 16b a I <b>stop here.</b> Exp	and lin	é 14 is 10° Part IV ho	► % or ow the
b	organization meets the "facts and circumst  10% Facts and Circumstances Test - 2007.  more, and if the organization meets the "facts and circumstances the "facts and circumstances".	If the organizations: ts and circumst	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or I <b>stop here.</b> Exp	17a ai Iain in	nd line 15 i Part IV ho	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							<b>F</b>

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493306004089

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Service If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities) ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) ◆ Section 501(c)(4), (5), or (6) organizations complete Part III Name of the organization Employer identification number MISSISSIPPI CHILDREN'S HOME SOCIETY 64-0303085 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and internal funds If none,

directly delivered to a enter-0separate political organization If none. enter -0-

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
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		
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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization  Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply  Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a)  or (b) is:  The lobbying nontaxable amount is:  Not 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 \$225,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000 \$1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 form 1 in the file form 1 in the file form 1 in the file form 2 in the file form 3 in the file form 4 7 2 0 reported the file file file file file file file fil	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Ver \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	<b>5768</b> (election under section <b>501(h)).</b> (See the instructions for Schedule C for details.)	

		(a	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		30,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1:			30,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	<b>LIII-A</b> To be completed by all organizations exempt under section $501(c)(4)$ , so	ection	501(c	)(5), or

## Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
ь	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part IV , Supplemental Information		PART II-B, LINE 1(G)- THE PURPOSE OF THE LOBBYING EFFORT WAS TO PRIMARILY EDUCATE THE LEGISLATORS ON THE SERVICES OF THE ORGANIZATION

1 \$

Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493306004089

### OMB No 1545-0047

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** MISSISSIPPI CHILDREN'S HOME SOCIETY 64-0303085 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

#### the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

**-**\$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Part	•••• Organizations Maintaining Co	llections of Art, I	Histo	ric	cal Treasur	es, or Other	r Similar Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	f the fo	olle	owing that are	a sıgnıfıcant us	se of its collection	า	
а	Public exhibition	•	d [	-	Loan or exch	ange programs			
b	Scholarly research		е Г	-	Other				
c	Preservation for future generations		·						
	•	alloctions and evalua	طاء بيده ط		. for the set he com	anniantion's av			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV								
5	During the year, did the organization solicities						ılar	Yes	□ No
Dar	assets to be sold to raise funds rather than t								,
Гаг	Part IV, line 9, or reported an an					iization answ	cred res to re	)	50,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedia	ary for	· c (	ontributions or	other assets n		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mou	ınt	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	17				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,							
Pai	rt V Endowment Funds. Complete	f the organization a	answe	ere					
		(a)Current Year	<b>(b)</b> Pri	or \	rear (c)Two	Years Back (d)	hree Years Back (e	)Four Y	ears Back
1a	Beginning of year balance	4,309,502							
b	Contributions								
c	Investment earnings or losses	-267,631							
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	4,041,871							
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment 100 000 %								
c 3a	Term endowment ►  Are there endowment funds not in the posse:	ssion of the organization	on tha	t a	re held and ad	ministered for t	·he		
Ju	organization by	ssion of the organization	on tha	·u	re neia ana aa	ministered for		Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)		Νο
b	If "Yes" to 3a(11), are the related organizatio	ns listed as required o	n Sch	e d	ule R?		3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Buildings	s, and Equipment	<u>. See</u>	Fo	orm 990, Pai	rt X, line 10.			
	Description of investment				Cost or other (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Bo	ook value
1a	_and				1,433,200	'			1,433,200
b i	Buildings								
c l	_easehold improvements		.						
d i	Equipment		.						
e (	Other					12,020,492	3,686,917		8,333,575
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		(B), III	ne	10(c).)				9,766,775
		· · ·					Schedule D (I	Form 9	<del> </del>

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		eturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25 2c	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	]	
b	Other (Describe in Part XIV)	]	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	TRIBLE Cinnellandandal Tefanestian		

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	THE ORGANIZATION'S ENDOWMENT FUNDS ARE INVESTED IN PERPETUITY AND THE INCOME GENERATED BY THE INVESTMENTS ARE UNRESTRICTED AS TO USE AND ARE PAID DIRECTLY INTO THE UNRESTRICTED NET ASSETS EXPENSES RELATED TO THE ADMINISTRATION OF THE ENDOWMENT FUND MAY BE PAID FROM ENDOWMENT FUND ASSETS

Part XIV Supplemental Information(continued)			
Ident if ier	Return Reference	Explanation	
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION'S ENDOWMENT FUNDS ARE INVESTED IN PERPETUITY AND THE INCOME GENERATED BY THE INVESTMENTS ARE UNRESTRICTED AS TO USE AND ARE PAID DIRECTLY INTO THE UNRESTRICTED NET ASSETS EXPENSES RELATED TO THE ADMINISTRATION OF THE ENDOWMENT FUND MAY BE PAID FROM ENDOWMENT FUND ASSETS	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493306004089

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

on-EZ, line 6a.

Open to Public Inspection

Service		
Name of the organization		Employer identification number
MISSISSIPPI CHILDREN'S	HOME SOCIETY	
		64-0303085

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
  - Mail solicitations

**SCHEDULE G** 

Department of the

Internal Revenue

Treasury

(Form 990 or 990-EZ)

- ▼ Email solicitations
- c Phone solicitations
- d 🔽 In-person solicitations

- e ✓ Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

- Vac

N.

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr	(iii) Did fundraiser have custody or control of contributions?		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
SINCLAIR TOWNES AND COMPANY	CAPITAL CAMPAIGN CONSULTANT		No	2,179,773	106,357	2,073,416
Total	<u> </u>		1			

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

Direct Expenses Reveiline 2 3 4 2 6 4 8	1 5 5 7	more than \$15,000 on Form  Gross receipts  Less Charitable contributions  Gross revenue (line 1 minus line 2)  Cash Prizes  Non-cash Prizes  Rent/Facility costs  Other direct expenses	(a) Event #1  WINETASTING (event type)  98,163	(b) Event #2  CAR RAFFLE (event type)  73,211	(c) O ther Events (total number)	(d) To (Add col	17	
3	1 5 5 7	Less Charitable contributions	(event type) 98,163	73,211 73,211	(total number)	co	17	1,374
3	1 5 5 7	Less Charitable contributions	98,163	73,211			17	1,374
3	1 1 5	Less Charitable contributions		1,000				
3	1 1 5	contributions		1,000				
4	1 5 5	Minus line 2)		1,000				
	5	Non-cash Prizes	12.720					1.000
red Expenses	5	Rent/Facility costs	12.720	31,387				_,550
red Expen	7		12.720				3	1,387
西 T 한 한 .		Other direct expenses	12720					
ĕ .	3		13,720	7,578			2	1,298
≂  8		Direct expense summary Add line	s 4 through 7 in column	(d)			5	3,685
ີ   <sub>9</sub>	•	Net income summary Combine lin	es 3 and 8 in column (d)	)	🕨		11	7,689
Part I	••	Gaming. Complete if the org \$15,000 on Form 990-EZ, line		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	ı
Revenue		\$13,000 on rorm 330 EZ, min	(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) O ther gaming	(d) Total		
e ke				bingo				
"   1	1	Gross revenue						
တ္တ 2	2	Cash prizes						
gens 3	3	Non-cash prizes						
Direct Expenses	1	Rent/facility costs						
Š 5	5	Other direct expenses						
6	5	Volunteer labor	┌────────────────────────────────────	┌ Yes	┌ Yes			
7	7	Direct expense summary Add lines	2 through 5 in column (	d)				
8	3	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)	🛌			
<b>9</b> Er	nte	er the state(s) in which the organizat	ion operates gaming act	:ivities			Yes	No
		he organization licensed to operate ç	gaming activities in each	n of these states?		· 9a		
<b>b</b> If	f " l	No," Explain						
10- 14	\/ <b></b>			d-d	the tay year?			
		e any of the organization's gaming li 'es," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
_								
		s the organization operate gaming a he organization a grantor, beneficiar				11	1	

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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As Filed Data -

DLN: 93493306004089

**Employer identification number** 

Schedule J (Form 990) **Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MISSISSIPPI CHILDREN'S HOME SOCIETY

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

			64-0303085			
Pa	rt I Questions Regarding Compensati	on				
					Yes	Νo
.a	Check the approprate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form /ide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If	•		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi			2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all		·			
	✓ Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  -</u>	Approval by the board or compensation committee			
ŀ	During the year, did any person listed in Form 990	), Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of contro	l payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	iqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must	complete	lines 5-8.			
•	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
•	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
,	For persons listed in form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		No
ŀ	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III			8		N o

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

DLN: 93493306004089

### Schedule L

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue

Service Name of the organization **Employer identification number** MISSISSIPPI CHILDREN'S HOME SOCIETY 64-0303085 **Part I** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualif		d nerson	(h) Dec	(b) Description of transaction				
т_	(a) italile of aloqualile	a person	(b) Des	cription of trans	action		Yes	No
	r the amount of tax imposed on ion 4958		- '		_	\$		
<b>3</b> Ente	er the amount of tax, if any, on li	ne 2, above, reimbur	sed by the organization .		🕨	\$		
Part II	Loans to and/or From	Interested Per	sons					
	To be completed by organiza	ations that answered	"Yes" on Form 990, Part	IV, line 26, or Fe	orm 990-E	Z, Part V, line	₃ 38a	
(a) Na	ame of interested person and	(b) Loan to or from the	(c)O riginal principal	(d)Ralance due	(e) In	(f) Approved	1	Vritten

(a) Name of interested person and purpose	(b) Loan from t organiza	he	(c)O riginal principal amount	(d)Balance due		In ult?	Appr by boo	oved ard or	(g)Wr agreer	
	То	From			Yes	No	Yes	No	Yes	No
Total			<b>-</b> \$	•		•				

**Grants or Assistance Benefitting Interested Persons** 

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

**Business Transactions Involving Interested Persons** 

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
George Gunn	Board Member		Mr Gunn is Executive Vice President with Trustmark National Bank, AND MCHS has a banking relationship with Trustmark No specific "transaction" amount can be determined		No

DLN: 93493306004089

### **Non-Cash Contributions**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue

**SCHEDULE M** 

(Form 990)

Service Name of the organization **Employer identification number** MISSISSIPPI CHILDREN'S HOME SOCIETY

					64-0303085			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermı	nıng	
1	Art—Works of art	аррисавис		- 9				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
_	goods							
7	Boats and planes							
	Intellectual property	<u></u>		1017010	EATD MADKET WAL	=		
	Securities—Publicly traded .	X	1	1,917,810	FAIR MARKET VAL	UE		
	Securities—Closely held stock	' <del></del>						
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe GIFT CARDS )	Х	1	27,300	FAIR MARKET VAL	UE		
	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
	· · · · · · · · · · · · · · · · · · ·	- <del>-</del>					Yes	No
30a	During the year, did the organization hold for at							I
	least three years from the date		•	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem							
31	Does the organization have a gif					31		No
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	non-cash 	32a		No
h	If "Yes", describe in Part II					J20		140
	If the organization did not report	t revenues i	n Column (c) for a type of p	property for which Column (a	a) is			
	checked, describe in Part II							

<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

# SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

ion for tion.

DLN: 93493306004089

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization
MISSISSIPPI CHILDREN'S HOME SOCIETY

**Employer identification number** 

64-0303085

ldentifier	Return Reference	Explanation						
Form 990, Part III, line 4d		FAMILY PRESERVATION SERVICES IS A HOME-BASED THERAPEUTIC PROGRAM DESIGNED TO SUPPORT FAMILIES IN CRISIS WHERE CHILDREN ARE EITHER AT IMMINENT RISK OF REMOVAL FROM THE HOME OR WHO HAVE BEEN TEMPORARILY PLACED IN THE STATE'S CUSTODY 906 PERSONS SERVED IN 2008 Expenses \$ 1768341 including grants of \$ 0 Revenue \$ 1592772						

ldentifier	Return Reference	Explanation						
Form 990, Part III, line 4d	Other Program Services	MISSISSIPPI YOUTH PROGRAMS AROUND THE CLOCK IS A HOME AND COMMUNITY-BASED MEDICAID PROGRAM PROVIDING A COORDINATED ARRAY OF SERVICES FOR YOUTH WITH SERIOUS EMOTIONAL DISTRUBANCES 63 PERSONS WERE SERVED IN 2008 Expenses \$ 1469914 including grants of \$ 0 Revenue \$ 1569800						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		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 Mr Sulser rotated off our board as of April 2008, and Mrs Benner became a board member in 2006

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The 2008 Tax Returns were reviewed by the Executive/Finance committee of the Board prior to filing. The org's accountant was on hand to answer questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A conflict of interest policy is sent out annually to board members and reviewed at the annual board retreat. A copy is also included in the by-law's

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation Policy and salary recommendations are presented to the personnel board, once approved by the personnel board the recommendations are presented to and voted on by Board of Directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		All documents are made available upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		All documents are made available upon request

Identifier Return Reference		Explanation						
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	FUNDRAISER PAID AS A CONSULTANT TO HELP GENERATE FUNDS FOR THE CAPITAL CAMPAIGN						

ldentifier	Return Reference	Explanation
990- Part XI, line 2	audited financial statements	FINANCIAL STATEMENTS FOR THE CONSOLIDATED GROUP, MS CHILDREN'S HOME SERVICES, INC AND AFFILIATES, ARE AUDITED BY AN INDEPENDENT ACCOUNTANT OUR ORG IS A PART OF THAT AFFILIATED GROUP SEPARATE ORGANIZATION FINANCIAL STATEMENTS ARE NOT AUDITED

#### DLN: 93493306004089

# SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Open to Public Inspection

Name of the organization MISSISSIPPI CHILDREN'S HOME SOCIETY	Employer identi	Employer identification number				
	64-0303085	64-0303085				
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organiza	ations					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sect	(F) Public charity sta (if section 501(c))	tus Direct controlling (3)) entity	
MISSISSIPPI CHILDREN'S HOME SERVICES INC  P O BOX 1078 JACKSON, MS392151078 11-3667990	TO SUPPORT AND BENEFIT THE PROVISION OF CHILD AND FAMILY WELFARE SERVICES	MS	501(C)(3)	509(A)(3) III		
CARES CENTER INC  P O BOX 1078  JACKSON, MS392151078  64-0823550	DEVELOPMENT OF MENTAL HEALTH AND REHABILITATION SERVICES FOR FAMILIES	N MS	501(C)(3)	509(A)(2)		

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		<b>(G)</b> Share of end-of- year assets	(H) Disproprtionat allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

(6)

Part V Transactions with Related Organizatio	ns
--	----

Pa	art V Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to other organization(s)			<b>1</b> b		No		
c	Gift, grant, or capital contribution from other organization(s)			<b>1</b> c		No		
d	Loans or loan guarantees to or for other organization(s)			1d		No		
e	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			<b>1f</b>		No		
g	Purchase of assets from other organization(s)			1g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			<b>1</b> i	Yes			
j	Lease of facilities, equipment, or other assets from other organization(s)		<b>L</b>	1j		No		
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)	-	1k	Yes			
I	Performance of services or membership or fundraising solicitations by other orga	anization(s)	-	11		No		
m	m Sharing of facilities, equipment, mailing lists, or other assets							
n	Sharing of paid employees			1n	Yes			
0	Reimbursement paid to other organization for expenses			1o	Yes			
Р	Reimbursement paid by other organization for expenses		<u></u>	<b>1</b> p		No		
						No		
-	q O ther transfer of cash or property to other organization(s)  r O ther transfer of cash or property from other organization(s)							
r	r Other transfer of cash or property from other organization(s)							
	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	nips and transaction thresholds					
	(A)	<b>(B)</b> Transaction	(c)					
	Name of other organization(s)	type(a-r)	Amount Involved					
(1)	'							
(2)								
(3)								
(3)								
(4)	,							
(5)	)							

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_											
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	. D / Farms	9907 2008										

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DLN: 93493306004089

OMB No 1545-0172

Department of the Treasury Internal Revenue

### **Depreciation and Amortization** (Including Information on Listed Property)

Attachment

Service	<u> </u>	See separa	ate instruction	s. 🟲 Attach	to you	r tax r	et urn.			Sequence No <b>67</b>
Name(s) shown on return			Business or a	activity to which	this fo	rm rel	ates	Ider	t if y in	g number
MISSISSIPPI CHILDREN	I'S HOME SOCI	ETY	Farm 000 Ba	10					2020	0.5
Part I Election	To Expense (	Cortain	Form 990 Pa	-	170			64-0	03030	85
	ou have any li					u cor	nnlete Pa	rt I.		
1 Maximum amount Sec									1	250,000
2 Total cost of section :		-							2	
3 Threshold cost of sec			•	•	· ·	٠.		•	3	800,000
		•		•	uctions	• •		•		800,000
4 Reduction in limitation				ŕ		•		•	4	
<b>5</b> Dollar limitation for ta	•	line 4 from	n line 1 If zero	or less, enter -	U- Ifm	narried	lfiling		_	
separately, see instru	ctions		· · · ·		•	•			5	
				(h) Cost	/h					<u> </u>
(a) [	Description of pro	perty		(b) Cost	(Dusine only)	ess us	e (c) E	lected	cost	
6										1
										7
7 Listed property Enter	the amount from	line 29				7				
8 Total elected cost of s			amounts in coli	umn (c) lines 6	and 7				8	
9 Tentative deduction 1		•		ullili (c), lilles o	unu /	•	• •		9	
					•			•		
10 Carryover of disallower			•		•				10	
<b>11</b> Business income limitation	Enter the smaller of	business inc	come (not less tha	n zero) or line 5 (s	ee instru	ctions)		•	11	
<b>12</b> Section 179 expense	deduction Addl	ınes 9 and	10, but do not	enter more tha	n lıne 1	.1 •		•	12	
13 Carryover of disallowe	d deduction to 2	009 Add	lines 9 and 10,	, less line 12	.▶	13				
Note: Do not use Part	II or Part III l	below for	listed proper	ty. Instead, u	se Pa	rt V.				
							<b>t</b> ınclude l	sted p	roperty	(See instructions )
14 Special depreciation a	Illowance for qua	lified prope	erty (other than	listed property	) place	d in s	ervice duri	ng the		
tax year (see instruct									14	
15 Property subject to se	ection 168(f)(1)	election							15	
16 Other depreciation (in	cluding ACRS)								16	298,509
	epreciation (	Do not in	nclude listed i	property.) (Se	ee inst	ructio	ons.)			· · · · · · · · · · · · · · · · · · ·
	,			ection A						
17 MACRS deductions fo	r assets placed i	n service i	ın tax years be	gınnıng before 2	800				17	
18 If you are electing	to group any a	ssets pla	ced in servic	e during the t	ax vea	ar inte	o one or	more		
general asset accor				<del>-</del>	-			_		
Section B-Ass									<u>'</u> recia	tion System
occion b Ass			Basis for		T	<i>y</i>	Jenera	. оср		tion bystem
(a) Classification of	(b) Month and		reciation	(d) December						(m)Danragintion
property	year placed in	(busines	s/ınvestment	(d) Recovery period	(e) C	onven	tion (f	<b>)</b> Metho	od	( <b>g)</b> Depreciation deduction
p.opo.t/	service		use							
<b>10-</b> 2		only—see	instructions)		1					
19a 3-year property					1					
<b>b</b> 5-year property	+									
c 7 - year property					1					
d 10-year property										
e 15-year property	+									
f 20-year property	+			2 F v==	+			S/L		
g 25-year property				25 yrs	1 .	\4 N4				
h Residential rental property				27 5 yrs	+	MM		S/L		
				27 5 yrs	+	<u>ММ</u>		S/L		
i Nonresidential real property				39 yrs	+	MM		S/L		
		1: 6	·	 		<b>ММ</b>		S/L		
	on C—Assets Plac	cea in Serv	rice During 2008	o Iax Year Usin	gthe A	iterna	it ive Depre		n Syste	em
20a Class life	-			12	1			S/L		
<b>b</b> 12-year	1			12 yrs	1	NA NA		S/L		
c 40-year	(Coo	ctions\		40 yrs	1	ММ		S/L		
	ry (See instruc									
21 Listed property Enter					•			•	21	
22 Total. Add amounts fr							ne 21 Ente	r here	22	298,509
and on the appropriate	· ·		•	-		ˈ <del>·</del>	<del></del>	•	<del></del>	250,505
23 For assets shown abo portion of the basis at			-	it year, enter th	e _	23				
portion of the busis at		<u>2</u> 5 5 A			•		I			

Form 4562 (2008) 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 cost use only) percentage 25 Special depreciation allowance for qualified listed 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 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

Software ID:

**Software Version:** 

**EIN:** 64-0303085

Name: MISSISSIPPI CHILDREN'S HOME SOCIETY

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanat ion
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