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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning 12-01-2008	and ending 11-30-200	09			<u> </u>	
	eck if ap			C Name of organization				D Employer ide	ntification number	
_	dress cha		Please use IRS	FRIENDS OF CHILDREN OF MISSISSIPPI IN	IC			64-044211	0	
_	me chan	-	label or print or	Doing Business As				E Telephone nu		
_		-	type. See					(601) 321-0	0960	
Ind —	al retur	'n	Specific Instruc-	Number and street (or P O box if mail is r 6425 LAKEOVER ROAD	not delivered to street addre	ess) Roon	n/suite	G Gross receipt		
Tei	mınatıoı	n	tions.	0423 LAKEOVER ROAD				•		
- Am	ended r	eturn		City or town, state or country, and ZIP + 4 JACKSON, MS 39213	4	•				
– Apı	olication	pending		JACKSON, MS 39213						
			F Nar	ne and address of Principal Officer		H(a)	To the	s a group return	for	
						(u)	affilia		⊤Yes ▼No	
· Ta	y-eyem	nt status	▼ 501/c) (3) ◀ (insert no)	527	H(b)		l affiliates include	·	
				((3) 4 (IIISELT 110) 4947(a)(1) 01	327	4			See instructions)	
W	eb site	: ► N/A	\			H(c)	Grou	p Exemption Nu	mber 🟲	
	_					1				
∢ Тур	e of org	anızatıon	 ✓ Corporat	ion		L Yea	r of For	rmation 1967 M	State of legal domicile MS	
Pa	rt I	Sum	mary							
	1	Briefly (describe th	e organization's mission or most sign	ıfıcant actıvıtıes					
y .		то орг	ERATE A H	EAD START PROGRAM						
Governance										
Ĭ										
5	2	Check t	his box 🗀	if the organization discontinued its op	perations or disposed (of more t	han 2	5% of its assets	5	
	3	Number	of voting i	nembers of the governing body (Part '	VI, line 1a)			3 _	14	
o n	4	Number	ofindeper	ident voting members of the governing	g body (Part VI, line 1	b) .		. 4 _	14	
Acumules &	5	Total n	umber of er	nployees (Part V , line 2a)				5 _	939	
Ę	6	Total nu	umber of vo	lunteers (estimate if necessary) .				6 _	10,239	
ť	7a	Total gr	oss unrela	ted business revenue from Part VIII,			7a _	0		
	ь	Net unr	elated bus	ness taxable income from Form 990-		7Ь				
						Prio	r Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, line 1h)	. $lacksquare$		24,543,958	24,618,674		
₫	9			revenue (Part VIII, line 2g)				, ,	0	
Revenu	10			me (Part VIII, column (A), lines 3, 4,				2,799	765	
æ	11			art VIII, column (A), lines 5, 6d, 8c,				_,	0	
	12		-	dd lines 8 through 11 (must equal Pai	ne 🗀					
		12)						24,546,757	24,619,439	
	13	Grants	and simila	ar amounts paid (Part IX, column (A),	lines 1-3)				0	
	14	Benefi	ts paid to d	r for members (Part IX, column (A), l	ıne 4)				0	
46	15		es, other co	ompensation, employee benefits (Part	: IX, column (A), lines	5 –		16 226 222	47.004.004	
Ψ.		10)						16,326,032	17,994,301	
Expenses	16a	Profes	sional fund	raising fees (Part IX, column (A), line	e 11e)				0	
ਡੋ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 0)					
_	17	Other	expenses	[Part IX, column (A), lines 11a-11d,	11f-24f)			8,385,779	6,661,006	
	18	Total	expenses—	add lines 13–17 (must equal Part IX	, line 25, column (A))			24,711,811	24,655,307	
	19	Reven	ue less exp	enses Subtract line 18 from line 12				-165,054	-35,868	
<u>8</u>						В	eginni	ng of Year	End of Year	
net Assets of Fund Bafances	20	Totala	assets (Pai	t X, line 16)				4,695,764	7,625,366	
300	21		,	Part X, line 26)				4,241,185	7,206,655	
5 E			-		- 20			, ,	· · ·	
_	22			d balances Subtract line 21 from line	20			454,579	418,711	
Pai	rt II		ature Bl							
				erjury, I declare that I have examined this retu correct, and complete Declaration of preparer						
Plea	se	****	**				2010-	-08-19		
Sign		Sign	ature of office	er			Date	00 17		
Here	е	MAR	VIN HOGAN (`FO						
			or print nam							
		Drong	'c h		Date	Check If		Preparer's PTIN (See Gen Inst \	
ام: ۵		Preparer signature		W Stevens		self-	. —	. reputer a Film (,ccc cen mist j	
Paid Prop	0,00,0		<u> </u>			empolyed	<u> </u>			
	arer's		ame (or your nployed),	Watkins Ward & Stafford PLLC				EIN Þ		
JSE (Only		and ZIP + 4	213 Commerce Street / PO Box 1216						
				West Point, MS 397731216				Phone no 🕨 (6	62) 494-5732	
May :	the IPS	E discus	e this ratii	rn with the preparer shown above? (Se	aa instrustions\			•	Tyes TNo	

Cat No 11282Y

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

1	Briefly describe the organization's mission TO OPERATE A HEAD START PROGRAM
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
_	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 19,543,835 including grants of \$) (Revenue \$) THE HEAD START\EARLY HEAD START PROGRAM PROVIDES A COMPREHENSIVE CHILD CARE AND TRAINING PROGRAM FOR 3259 CHILDREN
4b	(Code) (Expenses \$ 2,121,105 Including grants of \$) (Revenue \$) USDA CHILD CARE FOOD SERVICE PROGRAM ASSURES THAT BALANCE MEALS AND SNACKS ARE SERVED TO THE CHILDREN ENROLLED IN THE HEAD START\EARLY HEAD START PROGRAM
4c	(Code) (Expenses \$ 35,391 including grants of \$) (Revenue \$) THE MICRO LOAN PROJECT EXPLORES THE POTENTIAL FOR SELF-EMPLOYMENT AS AN OPPORTUNITY FOR ECONOMICALLY INDEPENDENCE BY MAKING START-UP LOANS
4d	Other program services (Describe in Schedule O)
-ru	(Expenses \$ 631,486 including grants of \$) (Revenue \$
<u> </u>	Total program service expenses \$ 22.331.817 Must equal Part IX Line 25 column (B)

Part IV	Checklist of	Required	Schedules
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			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		No
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 $\sqrt[N]{4}$	10		No
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	Yes	
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		No
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		No
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? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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
b	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
28	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			
		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		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	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		No
35	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
36	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		Νο
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

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye
Γα	Statements Regarding Other 183 mings and Tax Comphance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		163	140
	of U.S. Information Returns . Enter -0- if not applicable			
	1a 135			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: 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		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Ь	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?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	c l-		NI -
7	were not tax deductible?	6b		No
-	Did the organization provide goods or services in exchange for any guid pro quo contribution of \$75 or	7a		N o
_	more?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Č	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
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 year?	8		No
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		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	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		Νο
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

Section A. Governing Body and Management	

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	14					
Ь	Enter the number of voting members that are independent	1b	14					
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?							
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	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	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the					
а	the governing body?			8a		Νo		
b	each committee with authority to act on behalf of the governing body?			8b		Νo		
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
b	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?							
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		_	10	Yes			
11	11		Νο					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Ь	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		No
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?	166		No
		16b		Νo

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JAMES A CROPPER 6425 LAKEOVER ROAD JACKSON, MS 39213 (601) 321-0960

Part VIII 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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * 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

, chick time bex in time organization and i		,		, -		,		:,		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on a Institutional Trustee	chec pply)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
WILLIE LEVERETTE , Director		Х						0	0	0
WILLIAM HOWARD , Director		Х						0	0	0
SHIRLEY SIMMONS , Chairman		Х						0	0	0
MICHAEL OLIVER , Chairman		Х						0	0	0
MELANIE SMITH , Director		Х						0	0	0
MARY WASHINGTON , Vice CHAIRMAN		Х						0	0	0
MARVIN HOGAN , CEO	40 00			Х				124,300	0	0
MARSHEA STOKES , Director		Χ						0	0	0
KENNETH YOUNG , Director		Х						0	0	0
JAMES A CROPPER , CFO	40 00			Х				77,616	0	0
DOUGLAS DAVIS , Director		Х				<u> </u>		0	0	0
DONALD HALTON , Treasurer		Х						0	0	0
DIANN CHAPMAN, Director		X				ļ		0	0	0
DEANNA ATKINS, Secretary		Х				<u> </u>	<u> </u>	0	0	0
CAROLINE HARRIS , Director		Х				<u> </u>	<u> </u>	0	0	0
ARTHUR EVANS JR , Director		Х					_	0	0	0

Part VIII Continued

		1	(ition that	•	y)				(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
.b Total							<u> </u>	201,916		<u> </u>

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

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
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 individual	4		N. a
		4		No
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		No

Section B. Independent Contractors

1 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) Description of services	(C) Compensation
WATINS WARD AND STAFFORD PLLC P O BOX 1216 WESTPOINT, MS 39773	AUDITING	221,000
	10000	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Sta	te	me	nt	of	Re	ve	nu
-----	----	----	----	----	----	----	----

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a	l				
돌돌	ь	Membership du	es .1b					
2,€	c	Fundraising eve	ents 1c					
Contributions, gifts, grants and other similar amounts	d	Related organiz	ations 1d					
ું.≣	e	Government grants	(contributions) 1e	24,436,488				
ੂੰ ਨੂੰ ਨੂੰ	f		ons, gifts, grants, and 1f	182,186				
를 살	g	similar amounts no	t included above butions included in					
달								
ည်း	h	Total (Add line:	s 1a-1f)		24,618,674			
				Business Code				
E e	2a							
e. Ag	ь							
or GE	c							
¥.	d							
38	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
<u>Ř</u>	g	Total. Add lines	2a-2f	> \$				
	3		ome (including dividen	_				
			nounts)		765			765
	4		tment of tax-exempt bond		0			
	5	Royalties			U			
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss)		0			
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	d	` ′ ′	s)	<u></u>	0			
	8a	Gross income fi						
		events (not incl	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c)					
क >			G if total exceeds					
æ		\$15,000	a					
<u> </u>	b		penses b					
₹	С		loss) from fundraising	events 🟲	0			
	9a	See part IV, lin	ule G if total exceeds					
	ь		a penses b					
	С		loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С	Net income or (loss) from sales of inv	entory 🟲	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	Ь							
	c							
	d	All other revenu	ne					
	e		11a-11d	\$0				
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	. 5, 6d, 7d, 8c, ▶-	24,619,439			765

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re) .
	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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	201,916		201,916	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	13,430,695	12,760,662		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	649,423	601,835	47,588	
9	Other employee benefits	2,394,869	2,375,808	19,061	
10	Payroll taxes	1,317,398	1,247,182	70,216	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,384,228	1,112,210	272,018	
17	Travel	181,581	124,277	57,304	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	54,888	54,888		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,324	19,324		
23	Insurance	559,177	301,996	257,181	
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	SUPPLIES	1,132,922	995,902	137,020	
ь	REPAIRS AND MAINTENANCE	274,317	266,213	8,104	
С	FOOD	1,237,036	1,237,036	·	
d	CONTRACTUAL	643,946	197,339	446,607	
e	CONFERENCES/TRAINING	310,229	275,476	34,753	
f	All other expenses	863,358	761,669	101,689	
25	Total functional expenses. Add lines 1 through 24f	24,655,307	22,331,817	2,323,490	0
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			_,	

Part X	Balance	Sheet

					(A) Beginning of year			B) fyear
	1	Cash—non-interest-bearing			894,605	1		518,960
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net	3,112,989	3		6,469,037		
	4	Accounts receivable, net	14,109	4		7,173		
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		0
	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		0
	7	Notes and loans receivable, net			1,686	7		
	8	Inventories for sale or use			·	8		0
w	9	Prepaid expenses and deferred charges			810	9		810
et	10a		- -					
Assets	200	Land, buildings, and equipment cost basis	10a	10,744,851				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	10,131,811	655,969	10c		613,040
	11	Investments—publicly traded securities				11		0
	12	Investments—other securities See Part IV, line 11 Complete Passchedule D	of		12		0	
	13	Investments—program-related See Part IV, line 11 Complete Poof Schedule D.	art VII	I		13		0
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			15,596	15		16,346
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,695,764	16		7,625,366
	17	Accounts payable and accrued expenses .			2,760,146	17		2,647,289
	18	Grants payable	, ,	18				
	19	Deferred revenue	727,954	19		3,913,138		
	20	Tax-exempt bond liabilities	·	20				
S.	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						
Ę.		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties			753,085	23		646,228
	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			4,241,185	26		7,206,655
<u></u>		Organizations that follow SFAS 117, check here ▶ ✓ and comp	lete li	nes 27				
		through 29, and lines 33 and 34.						
ลม	27	Unrestricted net assets				27		
Balance	28	Temporarily restricted net assets			454,579	28		418,711
뒫	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plet e				
9		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			454,579	33		418,711
	34	Total liabilities and net assets/fund balances			4,695,764	34		7,625,366
Da	rt VI	Financial Statements and Denorting						
Рđ	rt XI	Financial Statements and Reporting					T	T
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	Yes	
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	_

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DLN: 93493231011010

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

		CHILDREN OF I	MISSISSIPPI INC						pioyei ide		
								64	-044211)	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			
1	Г	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)	(A)(i).		
2	Г	A school de	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedul	le H)
4	Γ	A medical i	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	\sqcap	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	\sqcap	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	굣	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
		one or more publicly supported organizations described in section 509(a)(1) or section 50						•	• • • •		
			e box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally Integrated d Type III - Other						III - Othor		
e	_		• •	rtify that the organization is			, -	•			
-	'	•		agers and other than one or						-	
		section 50		,	•	, ,,	J				()()
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
_		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			I
g		following pe		as the organization accepted	u any gni	or continu	ution nom	any or the	;		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports				
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	1	ou notify		s the	(vii) A mount of
		orted		(described on lines 1 - 9	_	ation in		inization		ation in	support?
	O rgar	nization		above or IRC section (See Instructions))		listed in verning	In col (I	i) of your		rganized US?	
				(See Instructions)		ment?	3491	,010	"" ""	0 5 .	
					No	1					

Total

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	ked the box of	n line 5, 7, or	8 of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	25,204,076	24,919,207	23,567,812	23,448,088	2	24,618,674	121,757,857
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add line 1-3	25,204,076	24,919,207	23,567,812	23,448,088	2	24,618,674	121,757,857
5	The portion of total contribution by each		, ,				 	· · ·
	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							0
6	(f) Public Support subtract line 5 from line 4							121,757,857
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	Amounts from line 4	25,204,076	6,512	23,567,812	23,448,088		4,618,674	121,757,857
8	Gross income from interest, dividends,	, ,	,	, ,				
Ü	payments received on securities loans, rents, royalties and income from similar sources	6,512	6,512	2,868	2,799		765	19,456
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0
11	Total Support (Add lines 7 through 10)							121,777,313
12	Gross receipts from related activities, etc	(See instruction	s)			12	I	
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	organızatıon's fır		d, fourth, or fifth	tax year as a 5	oxdot	3) 	▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.980 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		99.980 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp d not check the l	orted organızatı box on line 13 o	on r 16a, and line :				
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances" and circumstances.	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1 eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fact the organization meets the "facts and circumstances".	ts and circumst	ances" test, che	eck this box and	stop here. Exp	laın ın	Part IV ho	
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	sa, 16b, 17a or	17b, check this	box ar	ıd see	▶□

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) 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) 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 stop here						▶ □
	monutation of Dublic Compant 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

▶□

Part IV	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)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

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Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

Employer identification number Name of the organization FRIENDS OF CHILDREN OF MISSISSIPPI INC 64-0442110

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Pa	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to form 55	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		, ,
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi	sors in writing that the assets held in don	or advised
•	funds are the organization's property, subject to the		Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Par	t II Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure
2	on the last day of the tax year	med conservation contribution in the form	
			Held at the End of the Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	$\label{lem:number} \textbf{Number of conservation easements modified, transfer}$	rred, released, extinguished, or terminate	d by the organization during
	the taxable year ►		
4	Number of states where property subject to conserva	ation easement is located 🕨	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
Par	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990 Part Y		b ⊾ ¢

Cat No 52283D

3	•••••• Organizations Maintaining Collections of Art,							
	Using the organization's accession and other records, check any items (check all that apply)	of th	ne foll	owing that are	e a significant us	e of its collection		
а	Public exhibition	d	Γ	Loan or exch	nange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y further the o	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p		,			lar	Yes	Г No
Par	Trust, Escrow and Custodial Arrangements. (Part IV, line 9, or reported an amount on Form 99)				nızatıon answe	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	dıary	for c	ontributions o	rotherassets n	ot	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table	е						
						A mou	nt	
С.	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 Form 990, Part X, line	21?				Γ,	Yes	No
Pa	rt V Endowment Funds. Complete if the organization					IV, line 10. hree Years Back (e)	Faur V	ara Da ak
_	(a)Current Year	(D)	Prior `	rear (c) w	o Years Back (d)T	illee fears back (e)	rour re	ears back
1a -	Beginning of year balance							
b	Contributions							
С.	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	S						
а	Board designated or quasi-endowment							
ь	·							
Ь	Permanent endowment 🕨							
b c 3a	Permanent endowment Term endowment	tion 1	that a	are held and a	dministered for t	he		
c	Permanent endowment 🕨	tion 1	that a	are held and a	dmınıstered for t	he	Yes	No
c	Permanent endowment Term endowment Are there endowment funds not in the possession of the organiza	tion i	that a	are held and a	dmınıstered for t	3a(i)	Yes	No
с За	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations				dmınıstered for t 	3a(i) 3a(ii)	Yes	No
c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 on S	ched	 ule R?	dministered for t	3a(i)	Yes	No
c 3a b 4	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ched	· · · · · ule R? · ·		3a(i) 3a(ii)	Yes	No
c 3a b	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ched	· · · · · ule R? · ·	irt X, line 10.	3a(i) 3a(ii)	Yes	No
c 3a b 4	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ent fu	· · · · · ule R? · ·		3a(i) 3a(ii)		No ook value
c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ent fu	ule R? nds orm 990, Pa	ort X, line 10.	3a(i) 3a(ii) 3b		ook value
c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ent fu	ule R? nds orm 990, Pa	rrt X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b		ook value 20,000
b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ent fu	ule R? nds orm 990, Pa	rt X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b (c) Depreciation		ook value 20,000 580,161
b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on S	ent fu	ule R? nds orm 990, Pa	(b)Cost or other basis (other) 20,000 5,733,932	(c) Depreciation		20,000 580,161
c 3a b 4 Par	Permanent endowment Term endowment Are there endowment funds not in the possession of the organization by (i) unrelated organizations	on Sowme	ent fu ent fu eee F (a bas	ule R? nds orm 990, Pa Ocost or other sis (investment)	(b)Cost or other basis (other) 20,000 5,733,932 193,236	(c) Depreciation 5,153,771 180,357		

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		

Par	t XI Reconciliation of Cl	<u>hange in Net Assets from Fori</u>	<u>m 990 to Financial Statem</u>	ents	
1	Total revenue (Form 990, Part V	VIII, column (A), line 12)		1	24,619,439
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2	24,655,307
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	-35,868
4	Net unrealized gains (losses) oi	4			
5	Donated services and use of fac	cilities		5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add Irr	nes 4 - 8		9	
10	` ,	per financial statements Combine line	s 3 and 9	10	-35,868
Part		evenue per Audited Financial		per R	leturn
1	Total revenue, gains, and othe statements	-		1	25,254,264
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	ments	. 2a		
b	Donated services and use of fa	acilities	. 2b 634,82	5	
c	Recoveries of prior year grants	:	. 2c		
d	Other (Describe in Part XIV)		2d		
e	Add lines 2a through 2d .			2e	634,825
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	24,619,439
4	Amounts included on Form 990	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		. 4b		
С	Add lines 4a and 4b			4c	
5		d 4c. (This should equal Form 990, Par		5	24,619,439
Part 1		xpenses per Audited Financia audited financial statements		s per	25,290,132
2		t not on Form 990, Part IX, line 25		-	25,290,132
a	Donated services and use of fa		2a 634,82	5	
b	Prior year adjustments	icincies	2b	ή	
c	, ,	Part IX, line 25	2c	-	
d			. 2d		
e	Add lines 2a through 2d				634,825
3	Subtract line 2e from line 1 .			3	24,655,307
4		D, Part IX, line 25, but not on line 1:			
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV)		. 4ь		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 an	d 4c. (This should equal Form 990, Pa	rt I, line 18)	5	24,655,307
Par	t XIV Supplemental Inf	ormation			
		criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI		Part XI	V, lines 1b and 2b,
	Ident if ier	Return Reference	Explana	ıt ion	

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DLN: 93493231011010

SCHEDULE 0

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization
FRIENDS OF CHILDREN OF MISSISSIPPI INC
64-0442110

ldentifier	Return Reference	Explanation					
Form 990, Part VI,	Form 990, Part VI, Line 19 Other Organization	ANY ONE WANTING TO EXAMINE 990 CAN REQUEST TO SEE IT					
Line 19	Documents Publicly Available	AT CORPORATE OFFICE					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	EVERY TWO YEARS THE AGENCY REVIEWS COMPENSATION COMPARABILITY STUDIES IN THEIR AREA ON COMPENSATION FOR ALL EMPLOYEE POSITIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	COPY OF 990 PRESENTED AT BOARD MEETING AND APPROVED BY BOARD BEFORE FILING

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 THE AGENCY OPERATED A TRAINING PROGRAM FOR WORKERS THAT WILL EVENTUALLY BE SELF-EMPLOYED OR ABLE TO OBTAIN NEW EMPLOYMENT OTHER PROGRAM SERVICES 5 THE AGENCY OPERATES NON FEDERALLY FUNDED PROGRAMS THAT PROVIDE TRAINING AND OTHER SERVICES TO THE AGENCY'S CLIENTILE

DLN: 93493231011010

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

		See separa	ate instruction	s. PAttach	to you	r tax r	et urn.			Sequence No 67
Name(s) shown on return			Business or a	activity to which	this fo	rm rel	ates	Iden	t if y in	g number
FRIENDS OF CHILDREN (OF MISSISSIPP	IINC								
			Form 990/99		4=0			64-0	04421	10
	Fo Expense (ou have any li					u cor	nnloto Da	rt I		
1 Maximum amount See						u con	ipiete ra	111.	1	\$ 250,000
		_			•	•		•	2	\$ 250,000
2 Total cost of section 179 property placed in service (see instructions)										
3 Threshold cost of section 179 property before reduction in limitation (see instructions)										\$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0										
5 Dollar limitation for tax	year Subtract	line 4 from	n line 1 Ifzero	or less, enter -	0- Ifm	narried	filing			
separately, see instruc	tions								5	
(a) D	escription of pro	pertv		(b) Cost		ess us	e (c) E	lected	cost	
	' '	' '			only)		+ ` ´			4
6										4
						Τ_				┦
7 Listed property Enter	the amount from	line 29			•	7			Г	
8 Total elected cost of s	ection 179 prop	erty Adda	amounts in col	umn (c), lines 6	and 7	•			8	
9 Tentative deduction E	nter the smaller	of line 5 o	or line 8 .						. 9	
10 Carryover of disallowed	d deduction from	i line 13 of	fyour 2007 Fo	rm 4562 .					10	
11 Business income limitation	Enter the smaller of	business inc	come (not less tha	n zero) or line 5 (s	ee ınstru	ctions)			11	
12 Section 179 expense of	deduction Add I	ines 9 and	10, but do not	enter more tha	n line 1	.1 •			12	
13 Carryover of disallowed			•			13			ı	
Note: Do not use Part .										
							t include li	sted n	roperty	(See instructions)
14 Special depreciation al				-						, , (200 motractions)
tax year (see instruction			, (, ,	, ,				14	
15 Property subject to sec	ction 168(f)(1) e	election							15	
16 Other depreciation (inc	:ludina ACRS)								16	19,324
	preciation (I	Do not in	nclude listed i	property.) (Se	ee inst	ructio	ns.)			
				ction A			,			
17 MACRS deductions for	assets placed i	n service i	ın tax years be	gınnıng before 2	2008				17	
18 If you are electing t	o group any a	ssets pla	iced in servic	e during the t	ax ve	ar into	one or i	nore		
general asset accou		-		=	-			_		
Section B—Asse									<u>'</u> recia	tion System
20001011 2 71330			Basis for		T,	,		. оср	100.0	tion bystein
(a) Classification of	(b) Month and		reciation	(d) Recovery						(g)Depreciation
property	year placed in	(busines	s/investment	period	(e) C	onven	tion (f)	Metho	od	deduction
,	service	only—see	use e instructions)	·						
19a 3-year property		only—see	e matructions)							
b 5-year property										
c 7 - year property										
d 10-year property										
e 15-year property										
f 20-year property										
g 25-year property				25 yrs				S/L		
h Residential rental				27 5 yrs		ΜМ		S/L		
property				27 5 yrs	<u> </u>	ΜМ		S/L		
i Nonresidential real				39 yrs		ΜМ		S/L		
property				,		ΜМ		S/L		
Sect io	n C—Assets Plac	ed in Serv	ice During 200	8 Tax Year Usin	g the A	Iterna	tive Depre	ciat io	n Syste	em
20a Class life					<u> </u>			S/L		
b 12-year	1			12 yrs	1			S/L		
c 40-year				40 yrs		ММ		S/L		
Part IV Summar	y (See ınstrud	ctions)								
21 Listed property Enter									21	
22 Total. Add amounts fro	m line 12, lines	14 throug	h 17, lines 19	and 20 in colun	nn (g),	and lin	ie 21 Ente	r here		
and on the appropriate	•	_							. 22	19,324
23 For assets shown abov			-	it year, enter th	e					
portion of the basis att	ributable to sec	tion 263A	costs .			23				

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