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2015

Open to Public Inspection

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 private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

## B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization  
Mississippi Methodist Senior Services Inc

% CHRISTIE VANCE

Doing business as

Number and street (or P O box if mail is not delivered to street address)  
PO Box 1567

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
Tupelo, MS 38802

## D Employer identification number

64-6026549

## E Telephone number

(662) 844-8977

G Gross receipts \$ 9,603,513

## F Name and address of principal officer

STEVE MCALILLY  
PO BOX 1567  
TUPELO, MS 38802H(a) Is this a group return for  
subordinates?  Yes  NoH(b) Are all subordinates  
Included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [www.mss.org](http://www.mss.org)K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1962

M State of legal domicile MS

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

MISSISSIPPI METHODIST SENIOR SERVICES, INC (MMSS) IS ONE OF THE NATION'S LEADING PROVIDERS OF HOUSING, SERVICES AND LONG-TERM CARE FOR OLDER (CONTINUES ON SCHEDULE O)

2 Check this box ►  If the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,452
6 Total number of volunteers (estimate if necessary)	6	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	253,592
b Net unrelated business taxable income from Form 990-T, line 34	7b	-87,496

8 Contributions and grants (Part VIII, line 1h)	1,379,514
9 Program service revenue (Part VIII, line 2g)	7,350,792
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,589
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,795,895

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	374,359
14 Benefits paid to or for members (Part IX, column (A), line 4)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,188,149
16a Professional fundraising fees (Part IX, column (A), line 11e)	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 294,497	0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-94,966
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,467,542

19 Revenue less expenses Subtract line 18 from line 12 1,328,353

20 Total assets (Part X, line 16) 14,065,724

21 Total liabilities (Part X, line 26) 3,457,681

22 Net assets or fund balances Subtract line 21 from line 20 10,608,043

## Beginning of Current Year

## End of Year

14,405,263

3,826,828

10,578,435

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*

Signature of officer

2016-11-15

Date

CHRISTIE VANCE VP FOR FINANCE

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name Mary F Overstreet CPA	Preparer's signature Mary F Overstreet CPA	Date 2016-11-15	Check <input type="checkbox"/> if self-employed	PTIN P01270094
Firm's name ► BKD LLP			Firm's EIN ►	
Firm's address ► 190 E Capitol Street Ste 500 Jackson, MS 392012190			Phone no (601) 948-6700	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III . . . . . **1** Briefly describe the organization's mission

MISSISSIPPI METHODIST SENIOR SERVICES IS DEDICATED TO PROVIDING HOUSING AND PERSONAL CARE SERVICES TO THE ELDERLY OR DISABLED IN THE SPIRIT OF CHRISTIAN LOVE

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**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No

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? . . . . .  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 750,122 including grants of \$ ) (Revenue \$ 1,065,505 )

TRACEWAY MANOR IS A 94-APARTMENT RETIREMENT HOUSING FACILITY IN TUPELO, MISSISSIPPI, WHICH PROVIDES HOUSING AND OTHER SERVICES TO PERSONS 62 YEARS OF AGE AND OLDER. AMENITIES OF TRACEWAY MANOR INCLUDE A NUTRITIOUS NOON MEAL SIX DAYS A WEEK, UTILITIES, MAINTENANCE, A VARIETY OF SOCIAL, EDUCATIONAL, AND SPIRITUAL ACTIVITIES, TRANSPORTATION SERVICES AND A BEAUTY/BARBERSHOP

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**4b** (Code) (Expenses \$ 2,154,333 including grants of \$ ) (Revenue \$ 2,397,894 )

MISSISSIPPI METHODIST SENIOR SERVICES (MMSS) ANCILLARY SERVICES PROVIDES PHARMACY AND THERAPY SERVICES TO NURSING HOME RESIDENTS AT THE VARIOUS MMSS AFFILIATED FACILITIES

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**4c** (Code) (Expenses \$ 367,389 including grants of \$ 367,389 ) (Revenue \$ )

SUNDAY FUND IS A BENEVOLENCE FUND THAT SOLICITS CONTRIBUTIONS FROM THE PUBLIC AND PROVIDES FINANCIAL ASSISTANCE TO ENABLE RESIDENTS WHO HAVE OUTLIVED THEIR RESOURCES TO BE ABLE TO REMAIN IN THEIR HOME. MMSS is an active, caring member of the community it serves. In carrying out its teaching and healing ministries, the Board of Directors has established a policy under which MMSS provides care to the needy members of its community. Following that policy, MMSS maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. Charges foregone were approximately \$367,369 in 2015

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**4d** Other program services (Describe in Schedule O )

(Expenses \$ 437,451 including grants of \$ ) (Revenue \$ 405,847 )

**4e** Total program service expenses ► 3,709,295



**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes
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 lines 24b through 24d and complete Schedule K If "No," go to line 25a . . . . .	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	No
31	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? If "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 sections 301 7701-2 and 301 7701-3? If "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, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes
36	<b>Section 501(c)(3) organizations.</b> 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	191	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		
<b>2a</b> 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>2a</b>	1,452	
<b>b</b> If at least one is reported on line 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 (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>	<b>8</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>		
<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . .

**Section A. Governing Body and Management**

- 1a** Enter the number of voting members of the governing body at the end of the tax year  
**1a** 16
- If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O
- b** Enter the number of voting members included in line 1a, above, who are independent  
**1b** 15
- 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** No
- 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? . . . . . **3** No
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . **4** No
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** No
- 6** Did the organization have members or stockholders? . . . . . **6** Yes
- 7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . **7a** Yes
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . **7b** Yes
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
**a** The governing body? . . . . . **8a** Yes  
**b** Each committee with authority to act on behalf of the governing body? . . . . . **8b** Yes
- 9** Is there any officer, director, 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 . . . . . **9** No

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

- 10a** Did the organization have local chapters, branches, or affiliates? . . . . . **10a** No  
**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b**
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a** Yes  
**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . **11b**
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12a** Yes  
**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b** Yes  
**c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . **12c** Yes
- 13** Did the organization have a written whistleblower policy? . . . . . **13** Yes
- 14** Did 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?  
**a** The organization's CEO, Executive Director, or top management official . . . . . **15a** Yes  
**b** Other officers or key employees of the organization . . . . . **15b** Yes
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
- 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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►
- 18** 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 made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
►CHRISTIE VANCE PO BOX 1567 Tupelo, MS 38802 (662) 844-8977

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Indi- vidual trustee	In- stitutional Trustee	Offi- cer	Key employee				
(1) Chris Young ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(2) Cynthia Parker ..... Secretary ..... 0 0	0 25 ..... 0 0	X		X				0	0	0
(3) William D Scott III ..... Past Chairman ..... 0 0	0 25 ..... 0 0	X		X				0	0	0
(4) Alice Gorman ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(5) Hamp Dye ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(6) Bill West ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(7) Kaye Bernheim ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(8) Paula E Drungole ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(9) Sarah Sanders ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(10) Frank M Patty Jr ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(11) Bennie Daniels Jr ..... Chairman ..... 0 0	0 25 ..... 0 0	X		X				0	0	0
(12) Van Ray ..... Board Member ..... 0 0	0 25 ..... 0 0	X						0	0	0
(13) Lloyd Gray ..... Vice-Chairman ..... 0 0	0 25 ..... 0 0	X		X				0	0	0
(14) Steve L McAlilly ..... President & CEO ..... 0 0	40 0 ..... 0 0	X		X				346,562	0	14,485

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or trustee	Individual trustee	Instrumental Trustee	Officer	Key Employee	Highest Compensated Employee			
(15) Frank A Riley Jr	0 25							0	0	0
Board Member	0 0	X								
(16) David Brevard	0 25							0	0	0
Board Member	0 0	X								
(17) Jeanne Cantin	40 0			X				157,237	0	13,196
VP FOR HR Benefits	0 0									
(18) Christie Vance	40 0				X			216,577	0	13,600
VP FOR Finance	0 0									
(19) Alan Brown	40 0				X			235,695	0	13,730
COO	0 0									
(20) Jon Stirewalt	0 0				X			134,745	0	13,043
Executive Director	40 0									
(21) Lawona Broadfoot	0 0					X		121,408	0	12,952
Executive Director	40 0									
(22) Valene Sullivan	40 0					X		149,350	0	7,277
Director of Pharmacy Services	0 0									
(23) Sonja Jenkins	40 0					X		122,339	0	7,093
Legal Counsel/Director	0 0									
(24) Sacha MacGown	40 0					X		106,540	0	12,851
Dir of Rehabilitation Svc	0 0									
(25) Stan Maynard	0 0					X		145,228	0	13,114
Executive Director	40 0									
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								1,735,681	0	121,341

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
<b>4</b> For any individual listed on line 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	Yes
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON SENIOR DINING, PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICE	1,263,913
MCCARTY KING CONSTRUCTION GROUP IN, PO BOX 440 TUPELO, MS 388020440	CONSTRUCTION	1,031,161
VALESTRO BUILDING GROUP LLC, 724 CANTERBURY DR BILOXI, MS 39532	Construction	528,403
JEM MECHANICAL SVC LLC, 214 CAMELLIA STREET WAVELAND, MS 39576	CONSTRUCTION	220,829
APAC-MISSISSIPPI INC, PO BOX 24508 JACKSON, MS 39225	CONSTRUCTION	205,400
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 13		

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . .

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> _____					
	<b>b</b> Membership dues . . . . .	<b>1b</b> _____					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> _____					
	<b>d</b> Related organizations . . . . .	<b>1d</b> _____					
	<b>e</b> Government grants (contributions)	<b>1e</b> 35,777					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,816,511					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	_____					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	►	1,852,288				
<b>Program Service Revenue</b>	Business Code						
			<b>2a</b> Rental Income	623000	963,446	963,446	
			<b>b</b> Prescription Drug Sales	446110	2,632,212	2,378,620	253,592
			<b>c</b> Food Service	722514	243,224	243,224	
			<b>d</b> Management Fees	900099	3,496,626		3,496,626
			<b>e</b> Employee & Guest Meals	722514	18,806		18,806
	<b>f</b> All other program service revenue		286,629	283,956	2,673		
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	►	7,640,943				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	►	94,977		94,977		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	►	0				
	<b>5</b> Royalties . . . . .	►	0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss) . . . . .	►	0				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
<b>b</b> Less cost or other basis and sales expenses		15,305					
<b>c</b> Gain or (loss)		6,751					
<b>d</b> Net gain or (loss) . . . . .	►	8,554			8,554		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from fundraising events . . . . .	►	0					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a						
<b>b</b> Less direct expenses . . . . .	b						
<b>c</b> Net income or (loss) from gaming activities . . . . .	►	0					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a						
<b>b</b> Less cost of goods sold . . . . .	b						
<b>c</b> Net income or (loss) from sales of inventory . . . . .	►	0					
<b>Miscellaneous Revenue</b>		Business Code					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	►	0					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .	►	9,596,762	3,869,246	253,592	3,621,636		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

Do 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	0			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	367,389	367,389		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,158,869		1,158,869	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	4,840,605	3,446,626	1,288,136	105,843
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	696,213	392,690	299,265	4,258
<b>10</b> Payroll taxes . . . . .	443,929	274,408	160,873	8,648
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	468,571	206,521	262,050	
<b>b</b> Legal . . . . .	4,553		4,553	
<b>c</b> Accounting . . . . .	28,300		28,300	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	368,146	214,110	152,929	1,107
<b>12</b> Advertising and promotion . . . . .	129,185			129,185
<b>13</b> Office expenses . . . . .	341,989	161,873	153,848	26,268
<b>14</b> Information technology . . . . .	100,979	42,909	57,565	505
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	311,253	259,913	51,340	
<b>17</b> Travel . . . . .	127,961	8,082	106,540	13,339
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	18,855	1,707	17,148	
<b>20</b> Interest . . . . .	19,685	18,220	1,465	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	258,532	146,993	111,539	
<b>23</b> Insurance . . . . .	53,882	3,872	50,010	
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b> COST OF GOODS SOLD	2,305,816	2,305,816		
<b>b</b> Raw Food	177,923	177,923		
<b>c</b> MAINTENANCE SERVICES	98,437	63,877	34,560	
<b>d</b> EXPENSE REIMBURSEMENTS	-4,718,994	-4,600,607	-118,387	
<b>e</b> All other expenses	295,198	216,973	72,881	5,344
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,897,276	3,709,295	3,893,484	294,497
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	252,873	<b>1</b> 325,456
	<b>2</b> Savings and temporary cash investments . . . . .	1,351,894	<b>2</b> 2,113,765
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b> 0
	<b>4</b> Accounts receivable, net . . . . .	372,492	<b>4</b> 194,267
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b> 0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b> 0
	<b>7</b> Notes and loans receivable, net . . . . .	7,884,353	<b>7</b> 6,870,183
	<b>8</b> Inventories for sale or use . . . . .	206,607	<b>8</b> 183,650
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,865	<b>9</b> 15,287
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 7,276,733	7,276,733
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 4,713,459	1,892,859
			<b>10c</b> 2,563,274
	<b>11</b> Investments—publicly traded securities . . . . .	1,322,765	<b>11</b> 1,305,756
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	396,240	<b>12</b> 396,240
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b> 0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b> 0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	372,776	<b>15</b> 437,385
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	14,065,724	<b>16</b> 14,405,263
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,044,016	<b>17</b> 992,917
	<b>18</b> Grants payable . . . . .	0	<b>18</b> 0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b> 0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b> 0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b> 0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b> 0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	671,303	<b>23</b> 1,107,199
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b> 0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D . . . . .	1,742,362	<b>25</b> 1,726,712
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,457,681	<b>26</b> 3,826,828
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	5,481,780	<b>27</b> 7,090,319
	<b>28</b> Temporarily restricted net assets . . . . .	5,126,263	<b>28</b> 3,488,116
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b> 0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33</b> Total net assets or fund balances . . . . .	10,608,043	<b>33</b> 10,578,435
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	14,065,724	<b>34</b> 14,405,263

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI  

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	9,596,762
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	7,897,276
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	1,699,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .	4	10,608,043
5	Net unrealized gains (losses) on investments . . . . .	5	-23,586
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-1,705,508
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,578,435

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII  

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes," to line 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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?

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

2015

Open to Public  
Inspection**SCHEDULE A**  
**(Form 990 or  
990EZ)**Department of the  
Treasury  
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

Mississippi Methodist Senior Services Inc

**Employer identification number**

64-6026549

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)  
 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization  
 f Enter the number of supported organizations . . . . .  
 g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	1,422,598	682,689	1,249,814	1,379,514	1,852,288	6,586,903
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 <b>Total.</b> Add lines 1 through 3	1,422,598	682,689	1,249,814	1,379,514	1,852,288	6,586,903
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,702,195
6 <b>Public support.</b> Subtract line 5 from line 4						4,884,708

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	1,422,598	682,689	1,249,814	1,379,514	1,852,288	6,586,903
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	248,153	198,413	114,132	65,589	94,977	721,264
9 Net income from unrelated business activities, whether or not the business is regularly carried on			359,289	426,572	253,592	1,039,453
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )						0
11 <b>Total support.</b> Add lines 7 through 10						8,347,620
12 Gross receipts from related activities, etc (see instructions)					12	13,774,490
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	58 516 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	60 022 %
16a <b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►✓
b <b>33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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 ►**b 33 1/3% support tests—2014.** 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 ►**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain

	Yes	No
<b>1</b>		
<b>2</b>		

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?

If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

<b>3a</b>		
<b>3b</b>		
<b>3c</b>		

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below

<b>4a</b>		
<b>4b</b>		
<b>4c</b>		

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year?

If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)

<b>5a</b>		
<b>5b</b>		
<b>5c</b>		

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

<b>6</b>		
<b>7</b>		
<b>8</b>		

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

<b>9a</b>		
<b>9b</b>		
<b>9c</b>		

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

<b>10a</b>		
<b>10b</b>		
<b>11a</b>		

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**

<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

- a  The organization satisfied the Activities Test. Complete **line 2** below
- b  The organization is the parent of each of its supported organizations. Complete **line 3** below
- c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2 Activities Test Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

	Yes	No
2a		

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2b		

**3 Parent of Supported Organizations Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

- 1** Net short-term capital gain  
**2** Recoveries of prior-year distributions  
**3** Other gross income (see instructions)  
**4** Add lines 1 through 3  
**5** Depreciation and depletion  
**6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
**7** Other expenses (see instructions)  
**8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
**a** Average monthly value of securities  
**b** Average monthly cash balances  
**c** Fair market value of other non-exempt-use assets  
**d** **Total** (add lines 1a, 1b, and 1c)  
**e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
**2** Acquisition indebtedness applicable to non-exempt use assets  
**3** Subtract line 2 from line 1d  
**4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
**5** Net value of non-exempt-use assets (subtract line 4 from line 3)  
**6** Multiply line 5 by 035  
**7** Recoveries of prior-year distributions  
**8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)  
**2** Enter 85% of line 1  
**3** Minimum asset amount for prior year (from Section B, line 8, Column A)  
**4** Enter greater of line 2 or line 3  
**5** Income tax imposed in prior year  
**6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
**7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8 Breakdown of line 7</b>			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

2015

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue Service**Name of the organization**  
Mississippi Methodist Senior Services Inc**Employer identification number**

64-6026549

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- Preservation of land for public use (e.g., recreation or education)  
 Protection of natural habitat  
 Preservation of open space

Preservation of an historically important land area  
 Preservation of a certified historic structure

2 Complete lines 2a through 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	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 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 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
*(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |                            |                                    |  |                         |
|----------------------------|------------------------------------|--|-------------------------|
| <b>c</b> Beginning balance | <b>d</b> Additions during the year | <b>e</b> Distributions during the year | <b>f</b> Ending balance |
|----------------------------|------------------------------------|--|-------------------------|

		<b>Amount</b>
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a) Current year</b>	<b>(b) Prior year</b>	<b>b (c) Two years back</b>	<b>(d) Three years back</b>	<b>(e) Four years back</b>
<b>1a</b> Beginning of year balance . . . . .	3,047,198	2,862,288	2,708,611	2,722,341	2,663,762
<b>b</b> Contributions . . . . .	33,788	41,806	36,076	33,059	32,419
<b>c</b> Net investment earnings, gains, and losses . . . . .	63,140	63,784	34,378	47,878	143,263
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-9,267	21,026	24,065	24,065	26,481
<b>f</b> Administrative expenses . . . . .	-57,764	-100,346	-107,288	70,602	90,622
<b>g</b> End of year balance . . . . .	3,211,157	3,047,198	2,862,288	2,708,611	2,663,762

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ► 47.860 %

**b** Permanent endowment ► 0 %

**c** Temporarily restricted endowment ► 52.140 %

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

<b>3a(i)</b>	<b>Yes</b>	<b>No</b>
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	<b>(a) Description of property</b>	<b>(b) Cost or other basis (investment)</b>	<b>(c) Cost or other basis (other)</b>	<b>Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .				260,261	260,261
<b>b</b> Buildings . . . . .			4,592,717	2,954,690	1,638,027
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .			1,818,738	1,298,891	519,847
<b>e</b> Other . . . . .			605,017	459,878	145,139

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . . ► 2,563,274

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	►	

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13)	►	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	►

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
Federal income taxes	0
Residents' Refundable Deposits	48,356
Annuities Payable	49,400
DUE TO AFFILIATE	1,628,956
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	► 1,726,712

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	14,292,170
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-23,586
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	4,718,994
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,695,408
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	9,596,762
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	9,596,762

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	12,616,270
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,616,270
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-4,718,994
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-4,718,994
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	7,897,276

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	The Board of Directors of MMSS has established a MMSS Endowment Fund from designated contributions and bequests. The purpose of this fund is (1) to support the effort to make MMSS services available to the rapidly growing number of older Mississippians who cannot pay the cost of needed services and (2) to serve as a source of low interest loans to MMSS and its affiliates for a portion of the initial costs of property acquisitions, capital improvements and start-up funds for new developments. The funds are unrestricted and recorded as internally designated assets limited as to use

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
PART XI, LINE 2D	INTERFUND EXPENSE REIMBURSEMENTS OF 4,718,994 ARE INCLUDED IN REVENUE ON THE FINANCIAL STATEMENTS BUT INCLUDED IN EXPENSES ON THE RETURN
PART XII, LINE 4B	INTERFUND EXPENSE REIMBURSEMENTS OF (4,718,994) ARE INCLUDED IN REVENUE ON THE FINANCIAL STATEMENTS BUT INCLUDED IN EXPENSES ON THE RETURN

## Schedule I (Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22**

**► Attach to Form 990.**

► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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Name of the organization

Mississippi Methodist Senior Services Inc

**Employer identification number**

64-6026549

## **Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes  No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HOUSING SUBSIDY	250	367,389			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE SUNDAY FUND, A BENEVOLENCE FUND MAINTAINED FROM DONOR GIFTS, IS ALLOCATED TO INDIVIDUALS WHO APPLY IN WRITING AND DEMONSTRATE A FINANCIAL NEED. MONTHLY ASSISTANCE UP TO \$500 CAN BE GRANTED WITH THE APPROVAL OF THE EXECUTIVE DIRECTOR FOR THE CAMPUS ON WHICH THE RESIDENT LIVES AND THE VICE PRESIDENT FOR OPERATIONS. MONTHLY ASSISTANCE OVER \$500 MUST BE APPROVED BY THE BOARD OF DIRECTORS.

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
Mississippi Methodist Senior Services Inc

Employer identification number

64-6026549

**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?

4a No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a No

**a** The organization?

5b No

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

6a No

**a** The organization?

6b No

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9 No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Jeanne Cantin VP FOR HR Benefits	(i) 157,237	0	0	0	13,196	170,433	0
	(ii) 0	0	0	0	0	0	0
2 Chnstie Vance VP FOR Finance	(i) 216,577	0	0	0	13,600	230,177	0
	(ii) 0	0	0	0	0	0	0
3 Steve L McAlilly President & CEO	(i) 346,562	0	0	0	14,485	361,047	0
	(ii) 0	0	0	0	0	0	0
4 Alan BrownCOO	(i) 235,695	0	0	0	13,730	249,425	0
	(ii) 0	0	0	0	0	0	0
5 Valene Sullivan Director of Pharmacy Services	(i) 149,350	0	0	0	7,277	156,627	0
	(ii) 0	0	0	0	0	0	0
6 Stan Maynard Executive Director	(i) 145,228	0	0	0	13,114	158,342	0
	(ii) 0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

<b>Return Reference</b>	<b>Explanation</b>
Part I, Line 1b	The Organization does not have a written policy regarding health and social club dues. The Organization pays the dues for all employees that utilize the local Wellness Center. There are 17 employees of the organization that currently utilize the Wellness Center. The Organization does not have a written policy regarding first class or charter travel. The Organization's President and CEO has a private plane that is sometimes used for business travel by himself and the VP for Development. For 2015, these benefits were determined to be taxable to the employees. The organization began including these benefits in the employees W-2s November, 2015.
Part I, Line 3	The executive committee of the organization's board of directors serves as a compensation committee. They review compensation studies available for similar organizations through leading age and cemo. Changes in compensation are approved by the executive committee.

**SCHEDULE O  
(Form 990 or  
990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**Name of the organization  
Mississippi Methodist Senior Services Inc**Employer identification number**

64-6026549

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	ADULTS IT IS LISTED IN THE LEADING AGE ZIEGLER 150 AS THE 44TH LARGEST NOT-FOR-PROFIT, MULTI-SITE SENIOR LIVING ORGANIZATION IT IS NATIONALLY RECOGNIZED FOR ITS INNOVATIVE APPROACHES TO LONG-TERM CARE AND PIONEERED THE NATION'S FIRST "GREEN HOUSE" MODEL OF SKILLED NURSING CARE TODAY THERE ARE GREEN HOUSE HOMES IN 32 STATES
FORM 990, PART III, LINE 4D	TRACEWAY VILLAS, A 31-APARTMENT RETIREMENT HOUSING FACILITY IN TUPELO, MISSISSIPPI, PROVIDES HOUSING AND OTHER SERVICES TO PERSONS 62 YEARS OF AGE AND OLDER. RESIDENTS RECEIVE RENT ASSISTANCE THROUGH THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S SECTION 202 PROGRAM. MMSS OFFERS COMMUNITY OUTREACH PROGRAMS SUCH AS MEALS ON WHEELS AND TRANSPORTATION SERVICES. MEALS ON WHEELS DELIVERS HOT MEALS TO HOMES OF APPROXIMATELY 120 AGE QUALIFIED RESIDENTS OF LEE COUNTY, MISSISSIPPI. THERE WERE APPROXIMATELY 172 PERSONS SERVED THROUGH COMMUNITY OUTREACH, IN 2015

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>The number of members of the corporation, including ex officio members, shall not exceed forty-two. The number of members shall be determined by the members. At least three-fifths of the elected members must be members of the United Methodist Church within the State of Mississippi. Ex officio members of the corporation shall be the presiding bishop of the Jackson Area of the United Methodist Church, the Director of Connectional Ministries of the Mississippi Conference of the United Methodist Church, or its successor position, one district superintendent selected by the cabinet of the Mississippi Conference of the United Methodist Church, and the president of the corporation. The remaining members of the corporation shall be elected by the Mississippi Conference of the United Methodist Church. The election of new members shall be made by the Mississippi Conference during its annual meeting. Not less than two-thirds (2/3) of the members shall be lay persons. In all meetings of members each member (including ex officio members) present shall be entitled to one (1) vote.</p>
FORM 990, PART VI, SECTION A, LINE 7A	<p>Nominations for persons to serve on the board of directors shall be made by a nominating committee elected at the mid-year meeting of members. Nominations may also be made from the floor. Any vacancy in the board of directors shall be filled by the members at their next meeting for the unexpired term. The Members have the sole authority to select and dismiss any member or all members of the board of directors.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	The Members shall have sole authority to select and dismiss any member or all members of the boards of directors of the corporation and its subsidiary corporations, to elect the nominating committee, to amend the charter, to amend the bylaws and to dissolve the corporation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY A CPA FIRM AND REVIEWED BY THE VP FOR FINANCE IT IS THEN POSTED TO THE MISSISSIPPI METHODIST SENIOR SERVICES, INC INTRA-NET AND MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING WITH THE IRS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A FORM IS COMPLETED ANNUALLY BY OFFICERS, DIRECTORS, AND KEY EMPLOYEES THAT DISCLOSES INTERESTS THAT COULD GIVE RISE TO CONFLICTS THESE FORMS ARE REVIEWED BY A COMPLIANCE OFFICER PERSONS WITH CONFLICTS OF INTERESTS ARE EXCLUDED FROM BOARD DELIBERATION AND ABSTAIN FROM ANY DECISIONS WHERE THE CONFLICT EXISTS
Form 990, Part VI, Section B, Line 14	The organization does not have a formal written document retention and destruction policy, but it does follow informal procedures regarding such matters

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A&B	The executive committee of the organization's board of directors serves as a compensation committee. They review compensation studies available for similar organizations through leading age and cemo. Changes in compensation are approved by the executive committee
FORM 990, PART VI, SECTION B, LINE 19	All documents are available upon request

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL TRANSFERS (1,705,508)

# **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Mississippi Methodist Senior Services Inc.

**Employer identification number**

64-6026549

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>	Yes	
<b>1f</b>		
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
-------------------------------------	-------------------------------	------------------------	--

See Additional Data Table

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

**Part VII      Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

**Additional Data****Software ID:  
Software Version:****EIN:** 64-6026549**Name:** Mississippi Methodist Senior Services Inc**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	<b>(g)</b> Section 512 (b)(13) controlled entity?	
						<b>Yes</b>	<b>No</b>
MARTHA COKER HOME INC PO BOX 1567 TUPELO, MS 38802 20-8981712	HOUSING	MS	501(C)(3)	3	MMSS	Yes	
WESLEY MANOR RETIREMENT COMMUNITY INC PO BOX 1567 TUPELO, MS 38802 64-0725882	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF TUPELO AREA INC PO BOX 1567 TUPELO, MS 38802 64-0746771	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF JACKSON AREA INC PO BOX 1567 TUPELO, MS 38802 64-0841734	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF GOLDEN TRIANGLE AREA INC PO BOX 1567 TUPELO, MS 38802 64-0794146	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF DESOTO COUNTY INC PO BOX 1567 TUPELO, MS 38802 64-0850515	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF COLUMBUS AREA INC PO BOX 1567 TUPELO, MS 38802 64-0746773	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF CLAY COUNTY INC PO BOX 1567 TUPELO, MS 38802 64-0838016	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS OF CLARKSDALE AREA INC PO BOX 1567 TUPELO, MS 38802 64-0746772	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
UMSS HEALTH CARE INC PO BOX 1567 TUPELO, MS 38802 64-0746770	HOUSING	MS	501(C)(3)	3	MMSS	Yes	
SEASHORE CAMPGROUNDS RETIREMENT HOME INC PO BOX 1567 TUPELO, MS 38802 64-0429943	HOUSING	MS	501(C)(3)	PF	MMSS	Yes	
MERIDIAN SENIOR SERVICES INC PO BOX 1567 TUPELO, MS 38802 64-0740810	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
LAUDERDALE SENIOR SERVICES INC PO BOX 1567 TUPELO, MS 38802 64-0678962	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
HATTIESBURG AREA SENIOR SERVICES INC PO BOX 1567 TUPELO, MS 38802 64-0679922	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
GREENE COUNTY RETIREMENT SYSTEMS INC PO BOX 1567 TUPELO, MS 38802 64-0695672	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
DUGAN MEMORIAL HOME INC PO BOX 1567 TUPELO, MS 38802 94-3426425	HOUSING	MS	501(C)(3)	3	MMSS	Yes	
ALDERSGATE RETIREMENT COMMUNITY INC PO BOX 1567 TUPELO, MS 38802 64-0717548	HOUSING	MS	501(C)(3)	9	MMSS	Yes	
ALDERSGATE PERSONAL CARE INC PO BOX 1567 TUPELO, MS 38802 64-0835284	HOUSING	MS	501(C)(3)	9	MMSS	Yes	

## Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	UMSS HEALTH CARE INC	B	800,000	CASH AMOUNT
(1)	UMSS OF CLARKSDALE AREA INC	B	188,700	CASH AMOUNT
(2)	UMSS OF JACKSON AREA INC	B	709,644	CASH AMOUNT
(3)	UMSS OF TUPELO AREA INC	B	51,339	CASH AMOUNT
(4)	UMSS HEALTH CARE INC	D	2,202,737	COST
(5)	UMSS OF CLARKSDALE AREA INC	D	211,559	COST
(6)	UMSS OF CLAY COUNTY INC	D	251,939	COST
(7)	SEASHORE CAMPGROUNDS RETIREMENT HOME INC	D	253,531	COST
(8)	UMSS OF GOLDEN TRIANGLE AREA INC	D	61,291	COST
(9)	MARTHA COKER HOME INC	D	1,999,420	COST
(10)	DUGAN MEMORIAL HOME INC	D	56,767	COST
(11)	WESLEY MANOR RETIREMENT COMMUNITY INC	D	744,986	COST
(12)	GREENE COUNTY RETIREMENT SYSTEMS INC	D	91,059	COST
(13)	UMSS HEALTH CARE INC	E	122,138	COST
(14)	UMSS OF TUPELO AREA INC	E	510,802	COST
(15)	UMSS HEALTH CARE INC	L	799,665	COST
(16)	UMSS OF CLARKSDALE AREA INC	L	67,342	COST
(17)	UMSS OF COLUMBUS AREA INC	L	88,263	COST
(18)	UMSS OF TUPELO AREA INC	L	111,959	COST
(19)	UMSS OF JACKSON AREA INC	L	220,685	COST
(20)	SEASHORE CAMPGROUNDS RETIREMENT HOME INC	L	136,254	COST
(21)	UMSS OF DESOTO COUNTY INC	L	156,498	COST
(22)	ALDERSGATE RETIREMENT COMMUNITY INC	L	56,899	COST
(23)	UMSS OF GOLDEN TRIANGLE AREA INC	L	430,621	COST
(24)	ALDERSGATE PERSONAL CARE INC	L	108,642	COST

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
<b>(26)</b>	DUGAN MEMORIAL HOME INC	L	368,762	COST
<b>(1)</b>	MARTHA COKER HOME INC	L	335,401	COST
<b>(2)</b>	UMSS HEALTH CARE INC	O	60,915	COST
<b>(3)</b>	UMSS OF TUPELO AREA INC	O	162,109	COST
<b>(4)</b>	UMSS HEALTH CARE INC	Q	1,939,774	COST
<b>(5)</b>	UMSS OF GOLDEN TRIANGLE INC	Q	803,758	COST
<b>(6)</b>	DUGAN MEMORIAL HOME INC	Q	950,198	COST
<b>(7)</b>	MARTHA COKER HOME INC	Q	557,168	COST