# Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For the	2016 cale	ndar year, or tax year beginning October 1 , 2016, and endin	g Septe	mber 30	, 20 17	_			
В	Check 11	f applicable	C Name of organization Behavioral Health Foundation of Central MS, Inc		D Employ	er identification number				
	Address	change Doing business as 64-0862517								
	Name c	hange	Number and street (or P O box if mail is not delivered to street address)  Room/suite  E Telephone number							
	Initial re	turn	· h							
	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Vicksburg, Mississippı 39180-5331		<b>G</b> Gross re	eceipts \$ 7077	754			
$\bar{\Box}$	Applicat	tion pending	F Name and address of principal officer Steve Roark, Facilities Manager	H(a) Is this a g	roup return for	subordinates? Yes No	•			
			3444 Wisconsın Avenue, Vıcksburg, MS 39180-5331			s included? 🗌 Yes 🔲 No				
<del>-</del> -	Tax-exe	mpt status.	501(c)(3) □ 501(c) ( ) ◀ (insert no ) □ 4947(a)(1) or □ 527			list. (see instructions)				
J	Website	e: ►		H(c) Group	exemption	number >				
K	Form of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of format	ion 1995	M State	of legal domicile MS				
P	art I	Summ	nary							
	1	Briefly de	escribe the organization's mission or most significant activities: The or	ganizatıon p	rovides a	dministrative and				
ė		clinical fa	acilities for the care and prevention of mental illness and chemical depende	ncy, and ada	ninısters	programs and				
Activities & Governance		furnishes	services to individuals with mental health related problems							
ē	2	Check th	is box 🕨 🗌 if the organization discontinued its operations or disposed of	of more than	1 25% of	its net assets.				
ě	3	Number	of voting members of the governing body (Part VI, line 1a)		3		2			
<b>অ</b>	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4		2			
ties	5	Total nur	mber of individuals employed in calendar year 2016 (Part V, line 2a)		5		4			
ξ	6	Total nur	mber of volunteers (estimate if necessary)		6		0			
Ä	7a	Total unr	related business revenue from Part VIII, column (C), line 12		7a		0			
	b	Net unre	lated business taxable income from Form 990-T, line 34	<u></u>	7b		0			
				Prior Y	ear	Current Year				
0	8	Contribu	tions and grants (Part VIII, line 1h)							
Š	9	Program	service revenue (Part VIII, line 2g)		756461	6820	)49			
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d) [		1245	156	40			
Œ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $\ldots$		12153	100	065			
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		769859	7077	754			
_	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			<u> </u>				
ģ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		297791	2984	162			
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)							
ğ	. b	Total fun	draising expenses (Part IX, column (D), line 25) 🕨				<u></u>			
ũ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		254133	2776	522			
	18	Total exp	penses. Add lines 13-17 (must equal Rart IX-column (A) Iline 25) .		551924	5760	084			
	19	Revenue	less expenses. Subtract line 18 from the GEIVED		217935	1316	570			
5	S		S S	Beginning of C	urrent Year	End of Year	_			
Assets or	20		sets (Part X, line 16)		5581922	57139				
t As	21	Total liab			6183	65	554			
ž,	21 22	Net asse	its or fund balances. Subtract line 21 from line 20		5575739	57074	109			
	art II		ture Block English UT							
U	nder pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and state	ments, and to	the best of r	ny knowledge and belief, i	ıt ıs			
tr 	ue, correc	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer	r has any know	leage					
		<u>ک</u>	X. m		<u> </u>	-1-18				
	gn		nature of officer		ate					
H	ere		Steve Roark, CEO/Facilities Man	ager						
_			e or print name and title			Tombi				
P	aid	1 '	pe preparer's name Preparer's signature	1 (	Check	T If PTIN				
Preparer A Kenneth Halford, Jr P0083031							_			
	se On	Iv Firm's		Fire	n's EIN ▶	64-0755013				
		Firm's a	address ► 1612 Mission 66, Vicksburg, MS 39180	Ph	one no.	601-636-8973				
_			s this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	· · · Yes · No				
Fo	r Paper	work Redu	For Paperwork Reduction Act Notice, see the separate instructions.  Cat No 11282Y  Form 990 (2016)							

-Onn ss	0 (2010)			rage Z
Part		-	No. 4 III	
		ins a response or note to any line in this P	<u>'art III </u>	<u> </u>
1	Briefly describe the organization's	s mission: cal facilities for the care and prevention of men	tal illness and chemical document	oney and to
		ervices to individuals with respect to mental illi		ency, and to
	additional programs and furnish se	y vices to marviduals with respect to mental in	ness and related problems	
		,		
2	Did the organization undertake an	ny significant program services during the ye	ear which were not listed on th	ne
	If "Yes," describe these new service	ces on Schedule O.		
3		ducting, or make significant changes in h	now it conducts, any progra	m
				☐ Yes ☐ No
	If "Yes," describe these changes of	on Schedule O.		
4	Describe the organization's progra	am service accomplishments for each of its	s three largest program service	es, as measured by
		501(c)(4) organizations are required to repor	rt the amount of grants and al	locations to others,
	the total expenses, and revenue, it	if any, for each program service reported.		
4a	(Code:) (Expenses \$	503546 including grants of \$	) (Revenue \$	707754 )
		ntains 10 facilities dedicated to its exempt purp	oose and provides services to in	dividuals with
	mental health and related problems	; 		
				**
			*	
			*	
			**	
4b	(Code: \(\( \)\( \)\( \)\( \)\( \)\( \)	including grants of \$	\ (Revenue \$	
76	(Oode/ (Expenses #		·	/
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	***************************************			
	·			
4d	Other program services (Describe			
		iding grants of \$ ) (Revenue	\$)	
4e	Total program service expenses	503546		
		_		Form <b>990</b> (2016)

art l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	•	}
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>~</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del></del> -		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
	Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			<b>[</b>
	"Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<del> </del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>		
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	}		}
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	<b>'</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1000	20136	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		li, anima	468867 • 8
	complete Schedule D, Part VI	11a	<b>'</b>	}
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>"</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			[
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	, , , , , , , , , , , , , , , , , , , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		•
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		[
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	امدا		,
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		ļ <u>.                                    </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		}	
16		15		-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	40	Ì	
47	· · · · · · · · · · · · · · · · · · ·	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	ا ــــــ	}	مدا
40	·	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		.,
10	·	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	10	[ [	~
	n rea, complete concern of raitin	19 For	n <b>990</b>	
		LOU		120101

Form 99	0 (2016)		F	age 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
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		~
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		v
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		~
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		٧
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		V
	to defease any tax-exempt bonds?	24c		<b>/</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v
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		<i>y</i>
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	230		-
	disqualified persons? If "Yes," complete Schedule L, Part II	26		•
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		,
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	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		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		,	~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
34	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		
0F-	or IV, and Part V, line 1	34		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		
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		~
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,			1
20	Part VI	37_		<del>-</del>
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	V	

Part				<del></del>				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	· ·					
10	Fig. 4	م امدا	K7 35	Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 8	}					
	Did the organization comply with backup withholding rules for reportable payments to				ت القرار أ			
•	reportable gaming (gambling) winnings to prize winners?							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1c	W 181	- °			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 4			1			
b	If at least one is reported on line 2a, did the organization file all required federal employment to	ax returns? .	2b	1	-			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		- Bay Sept 194. 21		X ô			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		~			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b					
—4a—	At any time during the calendar year, did the organization have an interest in, or a signature of							
	over, a financial account in a foreign country (such as a bank account, securities account, or	or other financial			١.			
	account)?		4a		~			
b	If "Yes," enter the name of the foreign country: ▶		12.7					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	nancial Accounts						
_	(FBAR).	•		E. 53				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		V			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5b 5c		-			
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		36					
OG.	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	}	,			
ь	If "Yes," did the organization include with every solicitation an express statement that such		- Ou		<u> </u>			
_	gifts were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		27	38.1				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	4.					
	and services provided to the payor?		7a		~			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was						
	required to file Form 8282?		7c		~			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Z.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		~			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		-			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		<b> </b>			
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		7h	(3. <del>1</del>				
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund in sponsoring organization have excess business holdings at any time during the year?	antanied by the	8		<b>1000</b> 2			
۵	Sponsoring organization have excess business holdings at any time during the year				38			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	ات مشکد دا				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers		9b					
10	Section 501(c)(7) organizations. Enter:			76	V 2			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources		14.5		7 ~			
	against amounts due or received from them )	11b			23			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	264	J 45304.14			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		46	£ 16 22 16	Elmin.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1000	7, 1s.			
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule Enter the amount of reserves the organization is required to maintain by the states in which	e O.			7.4 23.0			
b	the organization is licensed to issue qualified health plans	1426						
С	Enter the amount of reserves on hand	13b						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	130	14a	<b>V</b>	n, 81 ).			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		-			
	The state of the s							

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u>-:</u>		. <u>[</u>
Section	on A. Governing Body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 1a 2	, TST6	# &R	. 9
ıa	If there are material differences in voting rights among members of the governing body, or	FS.		
	if the governing body delegated broad authority to an executive committee or similar			1
	Committee, explain in Schedule O.	3		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6 7a	Did the organization have members or stockholders?	6		~
/ d	one or more members of the governing body?	7a		·
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l'a		-
	stockholders, or persons other than the governing body?	7b		<b>,</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		Links Of	1.357
	the year by the following:			
a	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	o <i>ae.)</i> Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<b>'</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ž )	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	VVere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
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		
13	Did the organization have a written whistleblower policy?	13	7	
14 15	Did the organization have a written document retention and destruction policy?	14	1 -	6 34
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		ائست
b	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	32.1
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		~
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	E		
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	only
.0	available for public inspection. Indicate how you made these available. Check all that apply.	. 55 1	حرب)	. Orny)
	☐ 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 int	erest	policy	y, 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 re	cords	: ▶	
	Richard D Vessell, 3444 Wisconsin Avenue, Vicksburg, MS 39180-5331 (601)638-0031			

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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, and 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 relate	d orga	anız	atio	n c	ompe	n <u>sa</u>	ted any curren	t officer, directo	r, or trustee.
				(0	C)					-
(A)	(B)			eck		than o		( <b>D</b> ) Reportable	(E)	(F)
Name and Title	Average hours per	Average box, unless person is both an Re							Reportable compensation from	Estimated amount of
	week (list any hours for						→÷	from the	related organizations	other compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tru	nal ti		oloye	eomp		Ì		and related organizations
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			e			ted				<del></del>
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President		~		~				12650		
(2) William Carroll	5 hours									
Vice-President		~		"			<u> </u>	12650		
(3) Ste∨e Roark	40 hours					ĺ	ĺ		1	
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1b Sub-total													
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 is the organization of the organization or individual is environmental for services rendered to the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address Description of services Compensation.  Total number of independent contractors (including but not limited to those listed above) who	(25)							İ				i	
Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 is the organization of the organization or individual is environmental for services rendered to the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address Description of services Compensation.  Total number of independent contractors (including but not limited to those listed above) who		Colonia			1							_	
Total (add lines 1b and 1c).  135300 0 (C)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					•	•	•	•		135300	<del></del>	0	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_				•	•	•	. 1		425200			
Total number of independent contractors (including but not limited to those listed above) who													0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 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  5 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 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 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  Compensation  None	2	reportable compensation from the organic	not limited	to th	ose	liste	ed a	above	e) Wi	no received mo	ore than \$10	00,000	) of
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 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.  5 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  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  None		reportable compensation from the organic	Zation										
employee on line 1a? If "Yes," complete Schedule J for such individual  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	3	Did the organization list any former of	ficer, direct	or. o	r trı	ıste	e l	kev e	mp	lovee or high	est compe	nsated	
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										· · · · ·			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	4								n ar	nd other comp	ensation fro	om the	
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		organization and related organizations	greater tha	ın \$1	50,0	000	? If	"Yes	5," (	complete Sch	edule J foi	r such	
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)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who		ındıvıdual											4 /
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)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line 1a receive o	r accrue co	mper	ısatı	on '	fron	n any	unr	elated organiz	ation or ind	ıvıdua	1 33 3 4 4
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)  (B)  (C)  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who		for services rendered to the organization?	If "Yes," c	omple	ete S	Sch	edu	le J f	or si	uch person .			5 ~
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (Description of services  None  2 Total number of independent contractors (including but not limited to those listed above) who	Section												
Year.  (A) Name and business address  Description of services  Compensation  None  2 Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your five highest of	compensate	ed ind	lepe	nde	ent c	contra	acto	rs that receive	d more tha	n \$100	),000 of
(A) Name and business address  None  Total number of independent contractors (including but not limited to those listed above) who			ort comper	nsatio	n fo	r th	e ca	alenda	ar y	ear ending with	or within t	he org	janization's tax
None  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who		year.											
2 Total number of independent contractors (including but not limited to those listed above) who			race								.=		
2 Total number of independent contractors (including but not limited to those listed above) who	<del></del>	rvaine and business addi								Description of se	rvices		Compensation
The state of the control of the cont	None												
The state of the control of the cont													
The state of the control of the cont			<del>-</del>										
The state of the control of the cont													
The state of the control of the cont	- 2	Total number of independent contractor	rs (includin	a bu	t no	+ 1-	mita	od to	the	nse lieted aba	ve) who	# 2 X X - 2	A MARKA A LA SA MARA MARA A
	_	received more than \$100.000 of compensation	ation from the	he ord	าลกา	zatir	on ■	,u (U ►			VG) WITO		

Part	VIII	Statement of Revenue	nanca ar nata t	o any lino in this	Dort VIII		
		Check if Schedule O contains a res	porise or note i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f					
		Total: Add liftes 14 II	Business Code	Facility Control		7 6 8 8 1 1 1 1 1 1	7 8/4 S 2 7/6
Program Service Revenue	<b>2</b> a b	Rental Income	531120	682049	682049	A collection to the second sec	* to manufact and a second
erv	d			-,			
Ē	е						
ogr	f	All other program service revenue.		0.40-			
<u>4</u>	<u>g</u>	Total. Add lines 2a-2f	<u> </u>	682049-		\$\$\-`\$ <u>\$</u> \$	
	3	Investment income (including divided and other similar amounts) .	ends, interest,	15640	15640	J	
	4 5	Income from investment of tax-exempt be Royalties	ond proceeds	15040	15040		
	6a b	Gross rents	(ii) i cisoriai				
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(II) Other				
	С	Less. cost or other basis and sales expenses .  Gain or (loss)					
	d	Net gain or (loss)	<u></u> ▶				
Other Revenue	<b>8</b> a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
粪	ь	Less: direct expenses b					
J	С	Net income or (loss) from fundraising		5 0902 MM 00 _ 1486 MM 0.4. 30 MM 1		- Commenting and Commentation of the Comment of the	AMERICAN AND THE PARTY OF THE P
	9a b	Gross income from gaming activities See Part IV, line 19 a Less: direct expenses b	<del></del>				
		Net income or (loss) from gaming acti					
		Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inv	entory >				
	44-	Miscellaneous Revenue	Business Code	100/5	10045		
	11a b	Miscellaneous	999999	10065	10065		
	C				<u> </u>		
	d	All other revenue		<u> </u>			
	e	Total. Add lines 11a–11d	· <b>&gt;</b>	10065			
	12	Total revenue. See instructions	<u></u> ▶	707754	707754		
							Form <b>990</b> (2016)

16

17 18

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21 22

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d

25

#### 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 (B) Program service expenses (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 2 Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . 135300 90200 45100 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 10 Payroll taxes . . . . . Fees for services (non-employees): 11 Management . . . . . а Legal . . . . . . . . . b Accounting . . . . . . . C Lobbying . . . . . . . . d Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . Advertising and promotion . . . . . 12 13 Office expenses Information technology . . . . 14 15 Royalties . . . . . . . . .

Other salaries and wages	115996	104396	11600	
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)			·	
Other employee benefits	30535	20458	10077	
Payroll taxes	16631	14889	1742	
Fees for services (non-employees):				
Management				
Legal				
Accounting	2750	<del>- · · · · · · · · · · · · · · · · · · ·</del>	2750	
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25, column		-		
(A) amount, list line 11g expenses on Schedule O.)				
Advertising and promotion	12685	11416	1269	
Office expenses	1511	1511		
Information technology				
Royalties				
Occupancy	50120	50120		
Travel	995	995		<del></del>
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings .	369	369		
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization .	160833	160833		
Insurance	19960	19960		
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.)				
Contractual Services	6037	6037		
Real Estate Taxes	16168	16168		
Equipment Expense	4564	4564		
Program Expense	968	968		
All other expenses	662	662		
Total functional expenses. Add lines 1 through 24e	576084	503546	72538	
Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				
				Form <b>990</b> (2016)

Form **990** (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 . . . Notes and loans receivable, net . . . Inventories for sale or use . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Ь Less, accumulated depreciation 10b 3595050 10c Investments—publicly traded securities . . . . Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11. Other assets. See Part IV, line 11 . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses . . . . . Tax-exempt bond liabilities . . . . . . . . . Escrow or custodial account liability. Complete Part IV of Schedule D. 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 . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. Total liabilities and net assets/fund balances . . . . . . . . . . . 

Form 99	0 (2016)		Page <b>12</b>
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	707754
2	Total expenses (must equal Part IX, column (A), line 25)	2	576084
3	Revenue less expenses. Subtract line 2 from line 1	3	131670
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5575739
5	Net unrealized gains (losses) on investments	5	
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 0)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	5707409
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," ex Schedule O.	plain in	Yes No
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 com reviewed on a separate basis, consolidated basis, or both:		2a 🗸
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a	
С	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o  of the audit, review, or compilation of its financial statements and selection of an independent account		2c v
	If the organization changed either its oversight process or selection process during the tax year, example O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	3a 🗸

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.

3a\_

3b

Form **990** (2016)

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

В

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.

Na

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ıme	of the Organization					Employer identification	number			
ehav	navioral Health Foundation of Central MS, Inc. 64-0862517									
ar	t I Reason for Public Chari	ty Status (All	organizations must	comple	te this p	art.) See instruction	ons.			
ne c	organization is not a private foundati	ion because it is	s. (For lines 1 through	12, chec	k only or	ne box.)				
1	A Church, convention of church	es, or association	on of churches descri	ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).				
2	A school described in section 1	170(b)(1)(A)(ii). (	Attach Schedule E (F	orm 990	or 990-E	Z).)				
3	A hospital or a cooperative hosp						•			
4	A medical research organization						(iii). Enter the			
	hospital's name, city, and state									
5	An organization operated for the	ne benefit of a	college or university	owned o	r operate	d by a government	al unit described in			
	se ction 170(b)(1)(A)(iv). (Complete Part II.)									
6										
7				port from	a gover	nmental unit or fron	the general public			
	described in section 170(b)(1)(	<b>A)(vi).</b> (Complet	e Part II.)							
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organiz	ation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college			
	or university or a non-land-gran	t college of agri	culture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or			
	university:									
10	An organization that normally re receipts from activities related t	eceives. (1) more	e than 331/3% of its st actions—subject to co	upport iro	om contrii Sentions	outions, membershij and (2) no more tha	o tees, and gross			
	support from gross investment	income and unr	elated business taxal	ble incom	ie (less se	ection 511 tax) from	businesses			
	acquired by the organization aff									
11	Arn organization organized and	•	•	-						
12	An organization organized and									
	of one or more publicly suppor Check the box in lines 12a throu									
		•	• • • • • • • • • • • • • • • • • • • •	. •	_	•	<del>-</del>			
а										
	the supported organization( supporting organization. <b>Yo</b>					ne directors or trust	ees of the			
_	<b>—</b>	=				unnartad arganizati	on/e) by baying			
b	control or management of the									
	organization(s). You must o				porcorio	that control of man	ago allo dappolitos			
С	— — — — — — — — — — — — — — — — — — —	=			onnection	n with, and functions	ally integrated with.			
Ĭ	its supported organization(s						, ,			
d	Type III non-functionally in	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)			
	that is not functionally integ									
	requirement (see instruction	is). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.				
е	Check this box if the organi	zation received	a written determination	on from ti	ne IRS th	at it is a Type I, Type	e II, Type III			
	functionally integrated, or Ty									
f	-··									
g	Provide the following information	about the supp	orted organization(s).	<del>,</del>						
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1~10		rganization ur governing	(v) Amount of monetary	(vi) Amount of other support (see			
			above (see instructions))		ment?	support (see instructions)	instructions)			
		1		V						
				Yes	No					
A)										
B)										
C)					l					
יט										
D) 										
E)										
		5000°C 500 80055.500°	, , , , , , , , , , , , , , , , , , , ,	ļ,						
ota	al j·	74 10 <b>.6</b>		14 "是"次			<u></u>			

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i) /
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	r —	T - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		<del></del>	,	<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					· /	ľ
	membership fees received. (Do not					/	
_	include any "unusual grants.")			<del></del>		/_/_	
2	Tax revenues levied for the		[	-			
	organization's benefit and either paid to or expended on its behalf		}	į		} /	
•	•		<del></del>	ļ <u> </u>	ļ	<del>                                     </del>	<del></del>
3	The value of services or facilities furnished by a governmental unit to the		1			/	
	organization without charge					/	
4	Total. Add lines 1 through 3	<u></u>			<del> /</del>		<del></del>
	· ·		1. 1861 187 84G :			0-200	<del></del>
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)						
_6	Public support. Subtract line 5 from line 4				A Section	PART IN	
	on B. Total Support				/		
Calend	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			/			
8	Gross income from interest, dividends,			<b>1</b>		1	
	payments received on securities loans,			l /			
	rents, royalties and income from similar			/			
_	sources	<del></del>		<del> /</del>			
9	Net income from unrelated business activities, whether or not the business	l		/			
	is regularly carried on	}		/		ļ	
10	Other income. Do not include gain or	<del> </del>	<u> </u>	<del>  /</del>		<del> </del>	
10	loss from the sale of capital assets	j	}	] /		]	
	(Explain in Part VI.)			V			
11	<b>Total support.</b> Add lines 7 through 10		13 21/			- 200 T 17E	
12	Gross receipts from related activities, etc	. (see instruction				12	<u> </u>
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he					<u> </u>	
Secti	on C. Computation of Public Support	rt Percentag	e /				
14	Public support percentage for 2016 (line		<i>,,</i> -			14	%
15	Public support percentage from 2015 Sc	hedule A, Part	II, line/14			15	<u>%</u>
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organ	ization did not	check the box	k on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and <b>stop here.</b> The organization qua	•	-,	-			
b	331/3% support test—2015. If the organ						
	this box and stop here. The organization	•	-//	•			_
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization m Part VI how the organization meets the						
	organization	//	umstances te	_		s as a publicly	supported -
Ł	3	- //-					· · F
þ	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is						
	supported organization	t t	· · · · ·		_	on qualifies as	<b>&gt;</b>
18	Private foundation. If the organization d	-				k this box and	_
	instructions						

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

oupport contract to trigating a coordinate in coordinate of (4/(2)
(Complete only if you checked the box on line 10 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.)
Public Support

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0	1879	0	0	o	1879
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						<del>-</del>
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	694515	743512	769151	768614	692114	3667906
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		ļ				
	to or expended on its behalf						
5	The value of services or facilities				,		
	furn ished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	694515	745391	769151	768614	692114	3667906
7 <b>a</b>	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .						
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						
С	Add lines 7a and 7b				=		
8	Public support. (Subtract line 7c from				ر کور اختار در ا		
	line 6.)	San San	2)	21.33		1,12	3667906
	on B. Total Support	,					
	idar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	694515	745391	769151	768614	692114	3667906
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties and income from similar sources .	1023	629	804	1245	15640	19341
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	Į l				i	
	and urod offer lune 20, 1075					į	
	acquired after June 30, 1975						
C	Add lines 10a and 10b	1023	629	804	1245	15640	19341
с 11	Add lines 10a and 10b	1023	629	804	1245	15640	19341
_	Add lines 10a and 10b	1023	629	804	1245	15640	19341
11	Add lines 10a and 10b	1023	629	804	1245	15640	19341
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	1023	629	804	1245	15640	19341
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1023	629	804	1245	15640	19341
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	695538	746020	769955	769859	707754	0 3687247
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	0 695538 ne organization	746020 's first, second	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	0 3687247 n 501(c)(3)
11 12 13 14	Add lines 10a and 10b	695538 ne organization re	746020 's first, second	769955 d, third, fourth,	769859 or fifth tax ye	707754	0 3687247 n 501(c)(3)
11 12 13 14 Secti	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage	746020 's first, second	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	0 3687247 n 501(c)(3) ▶ □
11 12 13 14 Section 15	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di	746020 's first, second	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	0 3687247 1 501(c)(3) ▶ □ 99.475 %
11 12 13 14 Section 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) din nedule A, Part	746020 's first, second 	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	0 3687247 n 501(c)(3) ▶ □
11 12 13 14 Secti 15 16 Secti	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei	746020 's first, second  e vided by line 1-	769955 d, third, fourth, 	769859 or fifth tax ye	707754 ear as a section	0 3687247 1 501(c)(3) ▶ □ 99.475 % 99.848 %
11 12 13 14 Secti 15 16 Secti 17	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei	746020 's first, second by line 15 ill, line 15 ntage	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	0 3687247 1 501(c)(3) ▶ □ 99.475 % 99.848 % .525 %
11 12 13 14  Section 15 16 Section 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei line 10c, colum 5 Schedule A, F	746020 's first, second e vided by line 15 Ill, line 15 Tage In (f) divided by Part III, line 17	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	99.475 % 99.848 %  .525 % .189 %
11 12 13 14 Secti 15 16 Secti 17	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei line 10c, colum 5 Schedule A, F ization did not	746020 's first, second e vided by line 15 III, line 15 ntage In (f) divided by Part III, line 17 check the box	769955 d, third, fourth,	769859 or fifth tax ye	707754 ear as a section	99.475 % 99.848 %  .525 % .189 % 5, and line
11 12 13 14 Secti 15 16 Secti 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei line 10c, colum 5 Schedule A, F ization did not and stop here.	746020 I's first, second I's first, second III, line 15 III, line 15 In (f) divided by Part III, line 17 Check the box The organization	769955 d, third, fourth, d, column (f)) dine 13, colum dine 14, and on qualifies as a	769859 or fifth tax ye nn (f)) d line 15 is m	707754 ear as a section	0 3687247 1 501(c)(3) ▶ □ 99.475 % 99.848 % .525 % .189 % 5, and line
11 12 13 14  Section 15 16 Section 17 18	Add lines 10a and 10b	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei line 10c, colum 5 Schedule A, F nization did not and stop here. zation did not ci	746020 I's first, second I's first, second III, line 15 III, line 15 Intage In (f) divided by Part III, line 17 Check the box The organization	769955 d, third, fourth, d, column (f)) dine 13, colum dine 14, and an qualifies as a sine 14 or line 1	or fifth tax yes	707754 ear as a section 15 16 17 18 ore than 331/3% orted organization is more than 33	99.475 % 99.848 %
11 12 13 14  Secti 15 16  Secti 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	695538 ne organization re rt Percentage 8, column (f) di nedule A, Part come Percei line 10c, colum 5 Schedule A, F sization did not and stop here. zation did not ci box and stop h	746020 's first, second by line 15 ill, line 15 ntage in (f) divided by Part III, line 17 check the box The organization heck a box on lere. The organization	769955 d, third, fourth, 3, column (f)) fine 13, colum fine 14, and an qualifies as a street as a street at or line 1 tration qualifies	or fifth tax years	707754 ear as a section	99.475 % 99.848 %  .525 % .189 % 5, and line on . ▶ ✓  3¹/3%, and zation ▶ ✓

## 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name o	f the organization		Employer identification number
Behavi	oral Health Foundation of Central MS, Inc.		64-0862517
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	nds 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		
	funds are the organization's property, subject to th	e organization's exclusive legal contr	o!? Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · · · · Yes 🗆 No
Par	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., recreated)	tion or education) 🔲 Preservation o	f a historically important land area
	□ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified h	· · · · · · · · · · · · · · · · · · ·	
d	Number of conservation easements included in		
	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		·
5	Does the organization have a written policy rec		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspecting	ig, handling of violations, and enforcing	conservation easements during the year
_	<b>\$</b>	0/15 1	( , , , , , , , , , , , , , , , , , , ,
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		ianciai statements that describes the
Dow	<u> </u>		Other Cimilar Assets
Par	Organizations Maintaining Collections Complete if the organization answered		
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar	, , , , , , , , , , , , , , , , , , , ,	
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, eight ing to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>&gt;</b> \$
2	If the organization received or held works of art,	historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<u> </u>	<u>\</u> \$

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	i, or O	ther Similar /	Assets (continued)
_3_	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams	
b	☐ Scholarly research		е	Other	·	<del>-</del> -		
С	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections	and expla	ain how t	hey further	the or	ganizatıon's ex	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.						•	
1a	included on Form 990, Part X?	<u> </u>	· · ·	<u> </u>				
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able:	_	<del>_</del> _	
						<u> </u>		Amount
C	Beg inning balance					10		<del></del>
d	Add itions during the year					10		
e	Distributions during the year					11	<del></del>	
f 2a	End ing balance							ty? 🗆 Vaa 🗆 Na
	If "Yes," explain the arrangement in Pa							
Par		art Alli. Officer fier	o ii tile e.	piariatio	Thas been	provid	ed off all All	· · · · L
, car	Complete if the organization	answered "Yes	on For	m 990. F	Part IV. lin	e 10.		
•		(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Constributions							
С	Net investment earnings, gains, and							
	losses							
d	Graints or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance		L					
2	Provide the estimated percentage of the	ne current year er	nd balanc	e (line 1g	, column (a	a)) held	as:	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	%	000/					
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the
-	organization by:	possession or a	io organi.	Lation the	at are riola	and ad	ministered for	Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related or							. 3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fu	ınds.			L
Par	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, lin	e 11a.	See Form 990	<u>0,</u> Part X, line 10.
	Description of property	(a) Cost or of (investm			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land				367931	04.83		367931
b	Buildings				4667248		2121012	2546236
С	Leasehold improvements				963587		373892	589695
đ	Equipment				8989		8654	335
e	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part )	(, column	(B), line 10	Oc).	. <u> ▶</u>	3504197

	(-) D		43 =		
	(a) Description of security or category (including name of security)	′	(b) Book value		thod of valuation d-of-year market value
1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)	·			<del></del>	
(B)					
(C)				<del></del>	
(D) (E)				<del></del>	
(E) (F)					
(G)				<del></del>	
(H)				<del>                                     </del>	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	<del></del>	<del></del>	37-32-32-32-32-32-32-32-32-32-32-32-32-32-	
Part VIII	Investments-Program Related	d.			West 2 70 10 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Complete if the organization ans	wered "Yes" on Fo	m 990, Part IV, lii	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation t-of-year market value
(1)					
(2)				<del></del>	
(3)					
(4)			<u> </u>	<del></del>	
(5)				·	<del></del>
(6)		·		<del></del>	
(8)	<del></del>		<del></del>	<del> </del>	
				+	<del></del>
(9)	(b) must equal Form 990, Part X, col. (B) line 13 )				
(9)	Other Assets.				
(9) Fotal. (Column (	Other Assets. Complete if the organization ans		m 990, Part IV, li		n 990, Part X, line 15.
(9) Total. (Column ( Part IX	Other Assets.  Complete if the organization ans	wered "Yes" on For a) Description	m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D (2)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column (Part IX)  (1) Meter D (2) (3)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Fotal. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5)	Other Assets.  Complete if the organization ans		m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization ans (a) eposits  Imn (b) must equal Form 990, Part X, c	a) Description	m 990, Part IV, lii		n 990, Part X, line 15.
(9) Total. (Column (Part IX)  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans (a) Deposits  Timn (b) must equal Form 990, Part X, co Other Liabilities.	ol (B) line 15.)		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5)	Other Assets. Complete if the organization ans (a) Deposits  Depos	ol (B) line 15.)		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Part X	Other Assets. Complete if the organization ans (a) Imposits  Imposits  Imposits  Other Liabilities. Complete if the organization ans line 25.	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Part X	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.)		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column (Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Colum	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9)  Fotal. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column ( Part X  1. (1) Federal in (2)	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9)  Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column ( Part X  1. (1) Federal III (2) (3)	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Fotal. (Column (Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Colum	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column (Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Colum	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column ( Part X  1. (1) Federal III (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column (Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Colum	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Fotal. (Column ( Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column ( (1) Federal III (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value
(9) Total. (Column (Part IX  (1) Meter D (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Colum	Other Assets. Complete if the organization ans (a) Peposits  Timn (b) must equal Form 990, Part X, complete if the organization ans line 25.  (a) Description of liability	ol (B) line 15.) wered "Yes" on For		ne 11d. See Form	1350 (b) Book value

Part		•	r Return.	
<u> </u>	Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	707754
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	14.515	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	707754
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	] ]	<b>E</b> 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			707754
Part	XII Reconciliation of Expenses per Audited Financial Statem			707704
	Complete if the organization answered "Yes" on Form 990, I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Total expenses and losses per audited financial statements		1	570004
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			576084
2		1001		
a	Don ated services and use of facilities	2a	-1	
þ	Prior year adjustments	2b	4731	
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	25485	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	576084
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ł ł		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1.0	
C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	576084
Part	XIII Supplemental Information.			
2; Part	XI, I ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
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## SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of the organization	Employer identification number						
Behavioral Health Foundation of Central MS, Inc.	64-0862517						
Part VI, Section B, Line #11(b)- Business Manager is a CPA and he reviews Form 990 fo	r accuracy and completeness before filing.						
Part VI, Scetion B, Line #15- The Board of Directors reviews employee performance annually to determine adequacy of compensation. Data							
was analyzed from various salary surveys to compare con	pensation paid by similar organizations with similar						
budget size for the CEO/Facilities Manager. Based on this data, the Board of Directors determined the compe							
budget size for the CEO/Facilities Manager. based on this data, the Board of Directors determined the compen-							
ation for the CEO/Facilities Manager. This was last done in	ation for the CEO/Facilities Manager. This was last done in 2014						
Part VI, Section B, Line #19- The Organization's financial statements, conflict of interes	t policy, and Form 990 are available by written request						
Tart VI, Society S, Line VI to The Organization S mandal statements of Statement S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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