

# Return of Organization Exempt From Income Tax

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

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

<b>A For the 2008 calendar year, or tax year beginning and ending</b>					
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top;">           Please use IRS label or print or type.             See Specific Instructions.         </td> <td style="width: 85%;"> <b>C Name of organization</b>  <b>STEW POT COMMUNITY SERVICES, INC.</b>            Doing Business As            Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>1100 W CAPITOL STREET</b>            City or town, state or country, and ZIP + 4  <b>JACKSON, MS 39203</b> </td> </tr> <tr> <td colspan="2"> <b>F Name and address of principal officer: FRANK SPENCER</b>  <b>SAME AS C ABOVE</b> </td> </tr> </table>	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>STEW POT COMMUNITY SERVICES, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1100 W CAPITOL STREET</b> City or town, state or country, and ZIP + 4 <b>JACKSON, MS 39203</b>	<b>F Name and address of principal officer: FRANK SPENCER</b> <b>SAME AS C ABOVE</b>	
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<b>F Name and address of principal officer: FRANK SPENCER</b> <b>SAME AS C ABOVE</b>					
<b>D Employer identification number</b> <div style="text-align: right;">64-0655566</div>					
<b>E Telephone number</b> <div style="text-align: right;">601-353-2759</div>					
<b>G Gross receipts \$</b> <span style="float: right;">2,330,740.</span>					
<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)					
<b>H(c) Group exemption number</b> ▶					
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ WWW.STEWPOT.ORG					
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
<b>L Year of formation:</b> 1981 <b>M State of legal domicile:</b> MS					

Part I Summary	
<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDE MEALS, SHELTER AND OTHER SERVICES TO HOMELESS AND ABUSED INDIVIDUALS</b>
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 18</span>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 18</span>
<b>5</b>	Total number of employees (Part V, line 2a) <span style="float: right;">5 58</span>
<b>6</b>	Total number of volunteers (estimate if necessary) <span style="float: right;">6 9880</span>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) <span style="float: right;">7a 0.</span>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;">7b 0.</span>
<b>8</b>	Contributions and grants (Part VIII, line 1h) <span style="float: right;">1,703,138. 2,289,359.</span>
<b>9</b>	Program service revenue (Part VIII, line 2g) <span style="float: right;">31,362. 36,622.</span>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;">3,554. 4,759.</span>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">&lt;20,179.&gt;</span>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">1,717,875. 2,330,740.</span>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;">930,537. 1,027,868.</span>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <span style="float: right;">190,637.</span>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <span style="float: right;">854,221. 856,114.</span>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;">1,784,758. 1,883,982.</span>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">&lt;66,883.&gt; 446,758.</span>
<b>20</b>	Total assets (Part X, line 16) <span style="float: right;">1,724,021. 2,279,161.</span>
<b>21</b>	Total liabilities (Part X, line 26) <span style="float: right;">159,949. 285,958.</span>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;">1,564,072. 1,993,203.</span>

<b>Part II Signature Block</b>									
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.									
<b>Sign Here</b>	<table style="width: 100%;"> <tr> <td style="width: 70%;">▶ Signature of officer</td> <td style="width: 30%;">Date</td> </tr> <tr> <td colspan="2">▶ <b>FRANK SPENCER, EXECUTIVE DIRECTOR</b></td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table>	▶ Signature of officer	Date	▶ <b>FRANK SPENCER, EXECUTIVE DIRECTOR</b>		Type or print name and title			
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Type or print name and title									
<b>Paid Preparer's Use Only</b>	<table style="width: 100%;"> <tr> <td style="width: 40%;">Preparer's signature ▶ <b>ALAN ARRINGTON CPA</b></td> <td style="width: 10%;">Date <b>11/13/09</b></td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's identifying number (see instructions)</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>GRANTHAM POOLE ET AL, PLLC</b> <b>6360 I-55 NORTH, SUITE 101</b> <b>JACKSON, MS 39211</b></td> <td>EIN ▶</td> <td>Phone no. ▶ <b>601-957-5050</b></td> </tr> </table>	Preparer's signature ▶ <b>ALAN ARRINGTON CPA</b>	Date <b>11/13/09</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>GRANTHAM POOLE ET AL, PLLC</b> <b>6360 I-55 NORTH, SUITE 101</b> <b>JACKSON, MS 39211</b>		EIN ▶	Phone no. ▶ <b>601-957-5050</b>
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PROVIDE MEALS, SHELTER AND OTHER SERVICES TO HOMELESS AND ABUSED INDIVIDUALS.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 835,940. including grants of \$ ) (Revenue \$ 21,492.) THE FOLLOWING FACILITIES ARE OPERATED DAILY OR WEEKLY: SOUP KITCHEN AND FOOD PANTRY(WHICH PROVIDES MEALS AND FOOD TO THE HUNGRY), CLOTHES CLOSET, CHILREN'S AFTER SCHOOL PROGRAM AND SUMMER CAMP, VARIOUS HEALTH, LEGAL AND COUNSELING CLINICS

4b (Code: ) (Expenses \$ 687,248. including grants of \$ ) (Revenue \$ ) THE FOLLOWING FACILITIES ARE OPERATED DAILY: SIMS HOUSE SHELTER (WHICH PROVIDES ROOM & BOARD TO WOMEN AND CHILDREN), BRUMFIELD HOUSE (AN EMERGENCY NIGHT SHELTER FOR HOMELESS MEN), MATT'S HOUSE (AN OVERNIGHT SHELTER FOR ABUSED AND ABANDONED WOMEN), FLOWERS HOUSE (AN OVERNIGHT SHELTER FOR ABUSED AND ABANDONED WOMEN WITH CHILDREN), AND OPPORTUNITY CENTER ( A DAY TIME CENTER TO ASSIST HOMELESS TO FIND EMPLOYMENT).

4c (Code: ) (Expenses \$ 21,892. including grants of \$ ) (Revenue \$ 15,130.) THE BRATTON STREET DEVELOPMENT PROJECT RENOVATES HOMES ON A NEIGHBORING STREET FOR SALE TO LOW INCOME FAMILIES. A FEW HOMES ARE RENTED MONTHLY TO MENTALLY CHALLENGED INDIVIDUALS AND/OR OTHER INDIVIDUALS SERVED BY STEWPOT THAT NEED MINIMAL SUPERVISED HOUSING ARRANGEMENTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,545,080. (Must equal Part IX, Line 25, column (B).)

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

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

Form 990 (2008)

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 39		
<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?		X
<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> 58		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<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>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders	<b>11a</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>11b</b>	
<b>12a</b>	<b>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>N/A</b>	<b>12b</b>	

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		18
<b>b</b>	Enter the number of voting members that are independent .....		18
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	X	

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....		X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....		X
	Describe the process in Schedule O. (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>FRANK SPENCER - 601-353-2759</b> <b>1100 WEST CAPITOL STREET, JACKSON, MS 39203</b>

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EILEEN SHAFFER DIRECTOR	1.00	X					0.	0.	0.	
JANE ANNA BARKSDALE DIRECTOR	1.00	X					0.	0.	0.	
HOPE BYNUM DIRECTOR	1.00	X					0.	0.	0.	
LYLE-ANDREW BOODERAS DIRECTOR	1.00	X					0.	0.	0.	
BENNIE BUTTS DIRECTOR	1.00	X					0.	0.	0.	
TRINITA EDDINGTON DIRECTOR	1.00	X					0.	0.	0.	
BETTY MALLETT DIRECTOR	1.00	X					0.	0.	0.	
CHARLES PARROTT DIRECTOR	1.00	X					0.	0.	0.	
KAREN LIVINGSTON-WILSON DIRECTOR	1.00	X					0.	0.	0.	
STEVEN LUDLAM DIRECTOR	1.00	X					0.	0.	0.	
VIVIAN REJEBIAN DIRECTOR	1.00	X					0.	0.	0.	
LINDA SMITH DIRECTOR	1.00	X					0.	0.	0.	
DAVID MCMILLIN DIRECTOR	1.00	X					0.	0.	0.	
REV CHRISTOPHER POWELL DIRECTOR	1.00	X					0.	0.	0.	
MARGIE CUNNINGHAM SECRETARY	2.00			X			0.	0.	0.	
FRANK SPENCER EXECUTIVE DIRECTOR	40.00			X	X		63,718.	0.	0.	
HOLMES ADAMS TREASURER	1.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHELDON ALSTON VICE PRESIDENT	1.00			X				0.	0.	0.
BETH ORLANSKY PRESIDENT	2.00			X				0.	0.	0.
<b>1b Total</b>								63,718.	0.	0.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....					
	b	Membership dues .....					
	c	Fundraising events .....	1c	128,855.			
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e	274,097.			
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	1,886,407.			
	g	Noncash contributions included in lines 1a-1f: \$ .....		7,165.			
	h	<b>Total.</b> Add lines 1a-1f .....		2289359.			
	Program Service Revenue	2 a	PROG. SERV. REVENUE-RELA .....	Business Code	531110	36,622.	36,622.
		b	.....				
c		.....					
d		.....					
e		.....					
f		All other program service revenue .....					
g		<b>Total.</b> Add lines 2a-2f .....		36,622.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		6,413.	6,413.		
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	Gross Rents .....	(i) Real	(ii) Personal			
		b	Less: rental expenses .....				
		c	Rental income or (loss) .....				
		d	Net rental income or (loss) .....				
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses .....				
		c	Gain or (loss) .....				
		d	Net gain or (loss) .....			<1,654.>	<1,654.>
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a				
		b	Less: direct expenses .....	b			
		c	Net income or (loss) from fundraising events .....				
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a				
		b	Less: direct expenses .....	b			
		c	Net income or (loss) from gaming activities .....				
10 a	Gross sales of inventory, less returns and allowances .....	a					
	b	Less: cost of goods sold .....	b				
	c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code					
11 a	.....						
b	.....						
c	.....						
d	All other revenue .....						
e	<b>Total.</b> Add lines 11a-11d .....						
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		2330740.	41,381.	0.	0.	

**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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	63,718.		31,859.	31,859.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	788,390.	698,294.	24,391.	65,705.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	120,458.	98,714.	7,952.	13,792.
10 Payroll taxes .....	55,302.	45,320.	3,650.	6,332.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	52,487.	40,789.	11,698.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	693.	693.		
12 Advertising and promotion .....				
13 Office expenses .....	65,728.	39,511.	26,217.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	2,500.	2,500.		
17 Travel .....	4,200.	194.	4,006.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	14,181.	14,181.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	59,525.	58,685.	840.	
23 Insurance .....	60,447.	49,196.	11,251.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>UTILITIES</b> .....	142,321.	141,143.	1,178.	
b <b>PROGRAM EXPENSE</b> .....	104,305.	102,693.	1,612.	
c <b>FOOD AND RELATED SUPPLI</b> .....	78,456.	78,456.		
d <b>POSTAGE &amp; PRINTING</b> .....	59,759.	7,691.	2,012.	50,056.
e <b>EQUIPMENT RENTAL AND MA</b> .....	56,500.	54,788.	1,712.	
f All other expenses .....	155,012.	112,232.	19,887.	22,893.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	1,883,982.	1,545,080.	148,265.	190,637.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	178,974.	1	176,216.
	2 Savings and temporary cash investments .....	150,301.	2	573,928.
	3 Pledges and grants receivable, net .....	13,407.	3	23,920.
	4 Accounts receivable, net .....	72,541.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....	40,000.	7	36,021.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	13,901.	9	10,629.
	10a Land, buildings, and equipment: cost basis ...	10a 1,990,880.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 589,689.		
		1,174,821.	10c	1,401,191.
	11 Investments - publicly traded securities .....	54,641.	11	36,904.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	25,435.	15	20,352.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,724,021.	16	2,279,161.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	38,419.	17	46,762.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	121,530.	23	239,196.
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	159,949.	26	285,958.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	1,404,947.	27	1,470,848.
	28 Temporarily restricted net assets .....	159,125.	28	522,355.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	1,564,072.	33	1,993,203.	
34 <b>Total liabilities and net assets/fund balances</b> .....	1,724,021.	34	2,279,161.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
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? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **STEWOPOT COMMUNITY SERVICES, INC.** Employer identification number **64-0655566**

**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: (Please check only **one** organization.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,431,117.	1,605,462.	1,760,294.	1,689,675.	2,283,439.	8,769,987.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	1,431,117.	1,605,462.	1,760,294.	1,689,675.	2,283,439.	8,769,987.
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						8,769,987.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	1,431,117.	1,605,462.	1,760,294.	1,689,675.	2,283,439.	8,769,987.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	807.	2,931.	494.	33,624.	42,244.	80,100.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						8,850,087.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 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> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.09 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	99.91 %
<b>16a 33 1/3% support test - 2008.</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 .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2007.</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 .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 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 .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.) .....						
<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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

STEWOPOT COMMUNITY SERVICES, INC.

Employer identification number

64-0655566

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 pleasure)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 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 relating to these items:
- a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....		147,473.		147,473.
<b>b</b> Buildings .....		1,361,385.	209,603.	1,151,782.
<b>c</b> Leasehold improvements .....		265,960.	203,040.	62,920.
<b>d</b> Equipment .....		216,062.	177,046.	39,016.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				1,401,191.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,330,740.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,883,982.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	446,758.
4	Net unrealized gains (losses) on investments	4	<17,625.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<2.>
9	Total adjustments (net). Add lines 4-8	9	<17,627.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	429,131.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,319,587.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<17,625.>
b	Donated services and use of facilities	2b	7,165.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<10,460.>
3	Subtract line 2e from line 1	3	2,330,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	693.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	693.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,330,740.

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

1	Total expenses and losses per audited financial statements	1	1,890,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,165.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	7,165.
3	Subtract line 2e from line 1	3	1,883,289.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	693.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	693.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,883,982.

**Part XIV Supplemental Information**

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING: -2.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		TASTE OF MISSISSIPPI (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	128,855.		128,855.	
	2	Less: Charitable contributions	41,500.		41,500.	
	3	Gross revenue (line 1 minus line 2)	87,355.		87,355.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	125.		125.	
	6	Rent/facility costs				
	7	Other direct expenses	14,767.		14,767.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 14,892. )
	9	Net income summary. Combine lines 3 and 8 in column (d)				72,463.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>15b</b>		
<b>16</b>		
<b>17a</b>		

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

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

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **STEWOPOT COMMUNITY SERVICES, INC.** Employer identification number **64-0655566**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	IRONWORKS, INC -				X	40,000.	36,021.		X	X
BANK OF THE SOUTH	X		49,810.	44,214.		X	X		X	
HOPE COMMUNITY CR	X		85,000.	84,386.		X	X		X	
BUTTROSS CAPITAL	X		132,992.	110,597.		X	X		X	
<b>Total</b> .....				<b>275,218.</b>						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

STEWOPOT COMMUNITY SERVICES, INC.

Employer identification number

64-0655566

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER FOR THEIR REVIEW AND APPROVAL BEFORE THE 990 IS SIGNED AND FILED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REGULARLY MONITORS AND ENFORCES THE ORGANIZATION'S CONFLICT OF INTEREST POLICY BY THE REVIEW AND DISCUSSION OF ANY QUESTIONABLE ACTIVITY AT BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CHAIR IS RESPONSIBLE EACH YEAR FOR INSURING THAT AN EVALUATION OF THE PERFORMANCE OF THE EXECUTIVE DIRECTOR IS CONDUCTED IN ANY WAY THAT THE BOARD CHAIR DETERMINES APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE REQUESTS ARE HANDLED TIMELY BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

EILEEN SHAFFER - 110 CLAIRBORNE CHASE  
RIDGELAND, MS 39157

JANE ANNA BARKSDALE - 1739 SAINT ANN  
JACKSON, MS 39202

MARGIE CUNNINGHAM - 1155 VALLEY STREET

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

STEWOPOT COMMUNITY SERVICES, INC.

Employer identification number

64-0655566

JACKSON, MS 39203

HOPE BYNUM - 105 ADDERLEY BLVD

MADISON, MS 39110

LYLE-ANDREW BOODERAS - 4 OLD RIVER PLACE SUITE A

JACKSON, MS 39202

BENNIE BUTTS - 17 SAINT CHARLES

MADISON, MS 39110

HOLMES ADAMS - P O BOX 24297

JACKSON, MS 392254297

SHELDON ALSTON - 4134 HAWTHORNE DRIVE

JACKSON, MS 39206

TRINITA EDDINGTON - 969 LAKELAND DRIVE

JACKSON, MS 39216

BETTY MALLETT - 120 N CONGRESS ST SUITE L-4

JACKSON, MS 39201

CHARLES PARROTT - P O BOX 24297

JACKSON, MS 392254297

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

STEWOPOT COMMUNITY SERVICES, INC.

Employer identification number

64-0655566

KAREN LIVINGSTON-WILSON - P O BOX 22567

JACKSON, MS 392252567

STEVEN LUDLAM - 4670 KATHERINE BLVD

JACKSON, MS 39211

BETH ORLANSKY - 12 OAKLEIGH PLACE

JACKSON, MS 39211

VIVIAN REJEBIAN - 216 HIGHLAND GARRISON

RIDGELAND, MS 39157

LINDA SMITH - C/O CALVARY BAPTIST 1300 W CAPITOL STREET

JACKSON, MS 39203

DAVID MCMILLIN - 1025 ANNANDALE DRIVE

MADISON, MS 39110

REV CHRISTOPHER POWELL - 3921 OAKRIDGE DRIVE

JACKSON, MS 39216

THE ORGANIZATION HAS A COMMITTEE THAT IS A SUBSET OF THE BOARD OF  
DIRECTORS THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND  
THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

STEWOPOT COMMUNITY SERVICES, INC.

Employer identification number

64-0655566

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: IRONWORKS, INC

(A) PURPOSE OF LOAN:

PROMISSORY NOTE - SOLD BUILDING ORGANIZATION WAS NO LONGER USING

(A) NAME OF PERSON: BANK OF THE SOUTH

(A) PURPOSE OF LOAN:

MORTGAGE - PURCHASE OF HOUSE FOR RENTAL FOR PROGRAM PURPOSES

(A) NAME OF PERSON: HOPE COMMUNITY CREDIT UNION

(A) PURPOSE OF LOAN:

MORTGAGE - PURCHASE OF HOUSE FOR RENTAL FOR PROGRAM PURPOSES

(A) NAME OF PERSON: BUTTROSS CAPITAL

(A) PURPOSE OF LOAN:

PROMISSORY NOTE - PURCHASE OF BUILDING USED AS OPPORTUNITY CENTER

2008 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
97	REFRIGERATOR	04/21/06	SL	5.00		HY16	448.				448.	149.		90.	239.
119	SONY DIGITAL CAMERA	03/01/00	SL	7.00		HY16	877.				877.	875.		0.	875.
179	LEASEHOLD IMPROVEMENTS AT CALVARY	01/01/05	SL	15.00		HY16	23,801.				23,801.	4,760.		1,587.	6,347.
180	SCHOOL BUS - BLUE AND WHITE	03/03/04	SL	5.00		HY17	10,000.				10,000.	7,000.		2,000.	9,000.
181	LAND - 716 S GALLATIN LOT 10	03/19/04	L	.000		HY	19,250.				19,250.			0.	
182	DRYER	12/01/06	SL	5.00		HY16	605.				605.	131.		121.	252.
183	1100 W CAPITOL STREET BUILDING	05/07/04	SL	40.00		HY16	303,817.				303,817.	27,850.		7,595.	35,445.
184	BUILDING - GALLATIN STREET	03/19/04	SL	40.00		HY16	82,250.				82,250.	7,711.		2,056.	9,767.
185	COMPUTER (ADMIN OFFICE)	06/24/05	SL	3.00		HY17	702.				702.	585.		117.	702.
186	TELEPHONE SYSTEM(CALVARY)	03/02/05	SL	7.00		HY17	4,477.				4,477.	1,599.		640.	2,239.
187	SECURITY DOOR (GALLATIN)	12/01/05	SL	7.00		HY17	428.				428.	153.		61.	214.
188	TABLE, 2 CHAIRS, BENCH (DINING ROOM)	12/19/05	SL	5.00		HY16	561.				561.	224.		112.	336.
189	1114 BRATTON STREET - DENNIS HOUSE	10/03/05	SL	40.00		HY16	43,675.				43,675.	2,457.		1,092.	3,549.
190	RANGE	12/01/06	SL	5.00		HY16	415.				415.	90.		83.	173.
191	A/C UNIT	10/05/06	SL	12.00		HY16	428.				428.	45.		36.	81.
192	LASER JET PRINTER(ADMIN OFFICE)	07/11/06	SL	3.00		HY16	656.				656.	328.		219.	547.
193	COMPUTER (ADMIN OFFICE)	08/14/06	SL	3.00		HY16	428.				428.	202.		143.	345.
194	COMPUTERS - OPP CENTER	06/12/07	SL	5.00		HY16	3,634.				3,634.	424.		727.	1,151.

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195	PRINTERS OPPORTUNITY CENTER	08/01/07	SL	5.00		HY16	1,503.				1,503.	125.		301.	426.
196	COMPUTER LAB - TEEN CENTER	10/24/07	SL	5.00		HY16	2,935.				2,935.	98.		587.	685.
197	SECURITY SYSTEM - TEEN CENTER	11/13/07	SL	5.00		HY16	1,270.				1,270.	42.		254.	296.
198	SERVER - TEEN CENTER	12/01/07	SL	5.00		HY16	817.				817.	14.		163.	177.
199	COMPUTER MATT'S HOUSE	04/02/07	SL	5.00		HY16	669.				669.	100.		134.	234.
200	COMPRESSOR	08/27/07	SL	7.00		HY16	2,692.				2,692.	128.		385.	513.
201	FLOWERS HOUSE - 355 LIVINGSTON ST	02/15/07	SL	39.00		MM17	160,000.				160,000.	3,590.		4,103.	7,693.
202	LAND - 355 LIVINGSTON ST. FLOWERS HOUSE	02/15/07	L	.000		HY	35,000.				35,000.			0.	
203	APPLIANCES - FLOWERS HOUSE	05/03/07	SL	5.00		HY16	4,055.				4,055.	541.		811.	1,352.
204	56" TV OPPORTUNITY CENTER	05/01/07	SL	7.00		HY16	899.				899.	86.		128.	214.
205	TABLES AND OTHER FURNITURE OPPORTUNITY CENTER	05/01/07	SL	7.00		HY16	711.				711.	68.		102.	170.
206	AWNING	05/16/07	SL	7.00		HY16	2,370.				2,370.	226.		339.	565.
207	REFRIGERATOR MATT'S HOUSE	06/20/07	SL	5.00		HY16	464.				464.	46.		93.	139.
208	PORTABLE HEATERS CHILDREN'S	01/26/07	SL	5.00		HY16	1,295.				1,295.	237.		259.	496.
209	COMPRESSOR/FAN	10/17/07	SL	5.00		HY16	2,504.				2,504.	83.		501.	584.
210	FENCE AROUND DUMPSTER	10/30/07	SL	5.00		HY16	6,170.				6,170.	206.		1,234.	1,440.
211	FENCE	03/09/07	SL	5.00		HY16	4,300.				4,300.	717.		860.	1,577.
212	RENOVATION	06/30/07	SL	15.00		HY16	4,999.				4,999.	167.		333.	500.

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213	CARPET	04/16/07	SL	5.00		HY16	898.				898.	120.		180.	300.
214	LEASEHOLD IMPROVEMENTS	06/30/07	SL	15.00		HY16	7,584.				7,584.	253.		506.	759.
215	SECURITY CAMERA	04/25/08	SL	5.00		HY16	80.				80.			11.	11.
216	CLOSED CIRCUIT TV SYSTEM	04/18/08	SL	5.00		HY16	4,280.				4,280.			571.	571.
217	PRINTER	05/30/08	SL	5.00		HY16	385.				385.			45.	45.
218	PRINTER	06/13/08	SL	5.00		HY16	551.				551.			64.	64.
219	ROOFING	06/02/08	SL	15.00		HY16	34,552.				34,552.			1,344.	1,344.
220	842 W CAPITOL STREET	01/30/08	SL	40.00		HY16	132,992.				132,992.			3,048.	3,048.
221	ICEMAKER	07/31/08	SL	5.00		HY16	252.				252.			21.	21.
222	SOLID WASTE PUMP	05/21/08	SL	5.00		HY16	835.				835.			97.	97.
223	FRYER	07/14/08	SL	5.00		HY16	1,082.				1,082.			108.	108.
224	DISH RACH	07/30/08	SL	5.00		HY16	393.				393.			33.	33.
225	5 TON CONDENSING UNIT	07/10/08	SL	5.00		HY16	3,183.				3,183.			318.	318.
226	WASHING MACHINE	01/31/08	SL	5.00		HY16	246.				246.			45.	45.
227	COMPRESSOR	08/29/08	SL	5.00		HY16	1,838.				1,838.			123.	123.
228	REFRIGERATOR	07/29/08	SL	5.00		HY16	530.				530.			44.	44.
229	GENERATOR	09/01/08	SL	5.00		HY16	834.				834.			56.	56.
230	HEATER	01/14/08	SL	5.00		HY16	373.				373.			75.	75.

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231	IRON FENCE	06/20/08	SL	15.00		HY16	5,735.				5,735.			191.	191.
232	LAND - ADJACENT LOT TO FLOWERS HOUSE (PLAYGROUND)	03/17/08	L	7.00		HY	3,223.				3,223.			0.	
233	GENERATOR	09/12/08	SL	5.00		HY16	749.				749.			50.	50.
234	968 BRATTON STREET - RENTAL PROPERTY	08/19/08	SL	40.00		HY16	46,598.				46,598.			388.	388.
235	968 A/C UNIT	09/12/08	SL	5.00		HY16	588.				588.			39.	39.
236	1102 BRATTON STREET - RENTAL PROPERTY	08/19/08	SL	40.00		HY16	41,514.				41,514.			346.	346.
237	1102 GAS WATER HEATER & HOOKUP	10/01/08	SL	5.00		HY16	3,301.				3,301.			165.	165.
238	1102 REHAB	02/14/08	SL	15.00		HY16	1,780.				1,780.			109.	109.
	* 990 PAGE 10 TOTAL OTHER						1,023,481.				1,023,481.	61,430.		35,243.	96,673.
	PROGRAM SERVICES														
1	VARIOUS EQUIPMENT	01/01/86	SL	5.00		HY16	1,105.				1,105.	1,105.		0.	1,105.
2	ELECTRIC FREEZER	11/21/85	SL	10.00		HY16	275.				275.	275.		0.	275.
3	GAS HOT WATER HEATER	03/24/86	SL	10.00		HY16	399.				399.	399.		0.	399.
4	OVERHEAD DOOR (SOUP KITCHEN)	04/03/86	SL	10.00		HY16	1,325.				1,325.	1,325.		0.	1,325.
5	ALUMINUM SCREENS (SIMS)	02/13/86	SL	10.00		HY16	1,294.				1,294.	1,272.		0.	1,272.
6	WASHER/ DRYER	11/26/86	SL	10.00		HY16	565.				565.	565.		0.	565.
7	VCR (BB)	11/09/88	SL	5.00		HY16	212.				212.	212.		0.	212.
8	24' ALUMINUM LADDER (BB)	12/05/88	SL	5.00		HY16	160.				160.	160.		0.	160.

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9	22' LAWNMOWER (BB)	12/05/88	SL	5.00		HY16	222.				222.	222.		0.	222.
10	2 WASHERS/ 3 DRYERS	12/12/88	SL	5.00		HY16	1,547.				1,547.	1,547.		0.	1,547.
11	REFRIGERATOR	06/30/89	SL	5.00		HY16	575.				575.	575.		0.	575.
12	ADL TA 2012 COPIER	12/01/89	SL	5.00		HY16	1,431.				1,431.	1,431.		0.	1,431.
13	WHIRLPOOL WASHER (BB)	07/01/91	SL	12.00		HY16	626.				626.	626.		0.	626.
14	WHIRLPOOL DRYER	07/01/79	SL	12.00		HY16	496.				496.	154.		0.	154.
15	STEP-IN FREEZER	11/01/91	SL	12.00		HY16	5,405.				5,405.	5,208.		0.	5,208.
16	MAYTAG WASHER (SIMS)	11/01/91	SL	12.00		HY16	382.				382.	371.		0.	371.
17	UNITEC CANON COPIER	09/01/92	SL	6.00		HY16	2,622.				2,622.	2,622.		0.	2,622.
18	PHONE SYSTEM	05/01/92	SL	10.00		HY16	1,272.				1,272.	1,272.		0.	1,272.
19	PC AND MONITOR	12/01/92	SL	5.00		HY16	1,430.				1,430.	1,334.		0.	1,334.
20	LASER PRINTER	12/01/92	SL	5.00		HY16	1,595.				1,595.	1,489.		0.	1,489.
21	SOFTWARE	12/01/92	SL	5.00		HY16	1,170.				1,170.	1,092.		0.	1,092.
22	2 WASHERS (BB)	09/01/93	SL	7.00		HY16	1,011.				1,011.	1,011.		0.	1,011.
23	ELECTRIC DOOR LOCK- UM	08/01/94	SL	7.00		HY16	605.				605.	605.		0.	605.
24	CDE INTEGRATED SYSTEM- UM	08/01/94	SL	7.00		HY16	719.				719.	719.		0.	719.
25	IMPROVEMENTS (SIMS)	01/01/85	SL	10.00		HY16	46,656.				46,656.	46,656.		0.	46,656.
26	IMPROVEMENTS (SOUP KITCHEN)	01/01/86	SL	10.00		HY16	16,975.				16,975.	16,975.		0.	16,975.

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27	IMPROVEMENTS (SOUP KITCHEN)	01/01/87	SL	10.00		HY17	4,135.				4,135.	4,135.		0.	4,135.
28	A/C- HEAT UNIT (SOUP KITCHEN)	11/01/91	SL	12.00		HY16	3,310.				3,310.	3,197.		0.	3,197.
29	CARPET (SIMS)	01/01/93	SL	7.00		HY16	800.				800.	800.		0.	800.
30	2 METAL DOORS (SOUP KITCHEN)	02/01/93	SL	12.00		HY16	612.				612.	604.		0.	604.
31	FENCE (BB)	12/31/88	SL	10.00		HY16	1,480.				1,480.	1,480.		0.	1,480.
32	RENOVATIONS (BB)	12/31/88	SL	10.00		HY16	31,629.				31,629.	31,629.		0.	31,629.
33	SHELVING (BB)	09/01/89	SL	10.00		HY16	828.				828.	828.		0.	828.
34	ELEC GERMICIDE LIGHTS (B)	07/01/92	SL	12.00		HY16	570.				570.	570.		0.	570.
35	COMPRESSOR COPELAND (BB)	09/01/92	SL	12.00		HY16	1,993.				1,993.	1,993.		0.	1,993.
36	LAND (MATT'S HOUSE)	11/02/92	L	.000		HY	5,000.				5,000.			0.	
37	BUILDING (MATT'S HOUSE)	11/02/92	SL	31.50		HY17	55,196.				55,196.	26,491.		1,753.	28,244.
38	4 SECURITY DOORS (MATT'S)	04/01/93	SL	12.00		HY16	1,107.				1,107.	1,104.		0.	1,104.
39	5 SMOKE DETECTORS	08/01/94	SL	12.00		HY16	642.				642.	642.		0.	642.
40	486 COMPUTER, 2 MB MEM	02/27/95	SL	5.00		HY16	567.				567.	567.		0.	567.
41	CONDENSING UNIT AT SIMS	10/04/95	SL	12.00		HY16	1,332.				1,332.	1,332.		0.	1,332.
42	INSTALL COMPRESSOR BRUMF	05/11/95	SL	12.00		HY16	1,778.				1,778.	1,777.		0.	1,777.
43	IMPROVEMENTS/ MATT'S HOUSE	09/25/96	SL	10.00		HY16	1,888.				1,888.	1,888.		0.	1,888.
44	WASHER/ DRYER (SIMS)	03/20/96	SL	7.00		HY16	582.				582.	582.		0.	582.

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45	WASHING MACHINE (MATT'S)	07/03/96	SL	7.00		HY16	438.				438.	438.		0.	438.
46	REFRIG./ FREEZER (MATT)	09/18/96	SL	7.00		HY16	1,014.				1,014.	1,014.		0.	1,014.
47	ELECTRIC STOVE (MATT)	12/18/96	SL	7.00		HY16	332.				332.	329.		0.	329.
48	SOFTWARE	05/23/96	SL	3.00		HY16	389.				389.	389.		0.	389.
49	APPLIANCE (SIMS)	03/07/96	SL	7.00		HY16	455.				455.	455.		0.	455.
50	PORCH REPLACEMENT (SIMS)	02/25/97	SL	39.00		MM17	2,250.				2,250.	630.		58.	688.
51	EVAPORATOR COIL (SIMS)	09/30/97	SL	7.00		HY16	1,098.				1,098.	1,098.		0.	1,098.
52	CONTRACTOR/ EVAP MOTOR (BB)	07/07/97	SL	7.00		HY16	744.				744.	744.		0.	744.
53	1 FRIG/ 1 STOVE (BB)	10/21/97	SL	7.00		HY16	300.				300.	300.		0.	300.
54	STOVE/ 2 TOILETS	10/30/97	SL	7.00		HY16	586.				586.	586.		0.	586.
55	IMPROVEMENTS/ MATT'S	08/25/97	SL	39.00		MM17	3,000.				3,000.	799.		77.	876.
56	OVERHEAD PROJECTOR (SIMS)	10/14/97	SL	7.00		HY16	375.				375.	375.		0.	375.
57	OVERHEAD PROJECTOR (SIMS-DHS)	05/13/97	SL	7.00		HY16	374.				374.	374.		0.	374.
58	TELEPHONE	09/03/97	SL	7.00		HY16	717.				717.	714.		0.	714.
59	LAPTOP COMPUTER WINBOOK	05/07/97	SL	5.00		HY16	4,321.				4,321.	4,321.		0.	4,321.
60	GAS FRYER & SLICER	08/14/98	SL	5.00		HY16	1,821.				1,821.	1,821.		0.	1,821.
61	1988 CHEVY/ WAYNE 60 BUS	05/18/98	SL	5.00		HY16	10,300.				10,300.	10,300.		0.	10,300.
62	1992 FORD TAURUS SW	07/30/98	SL	5.00		HY16	3,000.				3,000.	3,000.		0.	3,000.

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63	ICE MACHINE- SOUP KITCHEN	08/03/98	SL	5.00		HY16	353.				353.	353.		0.	353.
64	SLEEPER BED- SIMS	01/20/98	SL	5.00		HY16	610.				610.	610.		0.	610.
65	KITCHEN REMODEL- SIMS	07/13/98	SL	5.00		HY17	2,371.				2,371.	2,371.		0.	2,371.
66	TABLE/ CHAIRS SIMS	07/20/98	200DB	5.00		HY17	734.				734.	588.		0.	588.
67	AIR PURIFIER- SIMS	10/07/98	SL	5.00		HY16	1,068.				1,068.	1,068.		0.	1,068.
68	4TON CONDENSOR- BB	04/20/98	SL	15.00		HY16	1,387.				1,387.	891.		92.	983.
69	MOWER 1/2 BB 1/2 MATT'S	07/28/98	SL	5.00		HY16	1,017.				1,017.	1,017.		0.	1,017.
70	WASHER/ DRYER BB	08/10/98	SL	5.00		HY16	995.				995.	995.		0.	995.
71	40 BUNK BEDS BB	08/10/98	SL	5.00		HY16	1,560.				1,560.	1,560.		0.	1,560.
72	COMPRESSOR SYSTEM- BB	09/08/98	SL	39.00		MM17	3,753.				3,753.	893.		96.	989.
73	AIR PURIFIER- BB	11/09/98	SL	5.00		HY16	640.				640.	640.		0.	640.
74	WATER HEATER- MATT'S	01/20/98	SL	5.00		HY16	928.				928.	928.		0.	928.
75	TABLE/ CHAIRS- MATT'S	05/01/98	SL	5.00		HY16	427.				427.	427.		0.	427.
76	ROOFING- MATT'S	05/01/98	SL	15.00		HY16	1,043.				1,043.	675.		70.	745.
77	SECURITY SYSTEM- MATT'S	07/07/98	SL	15.00		HY16	2,766.				2,766.	1,749.		184.	1,933.
78	DRIVEWAY- MATT'S	10/24/98	SL	15.00		HY16	3,800.				3,800.	2,320.		253.	2,573.
79	AIR PURIFIER- MATT'S	12/22/98	SL	5.00		HY16	640.				640.	640.		0.	640.
80	1998 FORD CLUB WAGON	04/26/99	SL	5.00		HY16	20,092.				20,092.	20,092.		0.	20,092.

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81	7320 AG COPIER	01/18/99	SL	6.00		HY16	4,867.				4,867.	4,867.		0.	4,867.
82	PA SYSTEM EQUIPMENT	02/25/99	SL	10.00		HY16	739.				739.	654.		74.	728.
83	WATER HEATER - (SIMS)	01/27/99	SL	5.00		HY16	908.				908.	908.		0.	908.
84	GAS RANGE - (MATTS)	03/31/99	SL	7.00		HY16	353.				353.	351.		0.	351.
85	KITCHEN RANGE	04/19/99	SL	7.00		HY16	3,504.				3,504.	3,504.		0.	3,504.
86	ICE MAKER	09/03/99	SL	7.00		HY16	2,247.				2,247.	2,247.		0.	2,247.
87	FURNACE - (SIMS)	10/28/99	SL	7.00		HY16	2,012.				2,012.	2,010.		0.	2,010.
88	FIVE 6' FOLDING TABLES	11/12/99	SL	5.00		HY16	262.				262.	262.		0.	262.
89	SIX 5' FOLDING TABLES	11/12/99	SL	5.00		HY16	250.				250.	250.		0.	250.
90	30 FOLDING CHAIRS	11/12/99	SL	5.00		HY16	337.				337.	337.		0.	337.
91	MID BACK DESK CHAIR	11/12/99	SL	5.00		HY16	170.				170.	170.		0.	170.
92	4 DROOR FILE CABINET	11/12/99	SL	5.00		HY16	149.				149.	149.		0.	149.
93	2 DROOR FILE CABINET	11/12/99	SL	5.00		HY16	117.				117.	117.		0.	117.
94	3 DELL PENTIUM PROCESSORS/3 PRINTERS	02/15/99	SL	5.00		HY16	6,553.				6,553.	6,553.		0.	6,553.
95	APPLIANCES FOR TEEN CENTER	12/01/99	SL	7.00		HY16	2,100.				2,100.	2,100.		0.	2,100.
96	TEEN CENTER	12/01/99	ADS	40.00		HY17	390,005.				390,005.	78,406.		9,750.	88,156.
98	CARPET & INSTALLATION	07/31/99	SL	7.00		HY16	3,968.				3,968.	3,968.		0.	3,968.
99	OFFICE FAX MACHINE	07/28/99	SL	5.00		HY16	267.				267.	267.		0.	267.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
100	TABLE, 4 CHAIRS, BENCH - (SIMS)	12/08/99	SL	5.00		HY16	373.				373.	373.		0.	373.
101	2 WHIRLPOOL DRYERS (BRUMFIELD)	04/22/99	SL	10.00		HY16	899.				899.	780.		90.	870.
102	REFRIGERATOR-BRUMFIELD	08/03/99	SL	5.00		HY16	588.				588.	588.		0.	588.
103	FREEZER-BRUMFIELD	08/03/99	SL	10.00		HY16	535.				535.	453.		54.	507.
104	MURRAY ELECTRIC START MOWER	08/03/99	SL	5.00		HY16	320.				320.	320.		0.	320.
105	KENMORE ELECTRIC DRYER-BRUMFIELD	09/20/99	SL	12.00		HY16	352.				352.	240.		29.	269.
106	A/C BLOWER (BRUMFIELD)	11/11/99	SL	12.00		HY16	523.				523.	358.		44.	402.
107	REFRIGERATOR (MATTS)	01/18/99	SL	5.00		HY16	460.				460.	460.		0.	460.
108	6 BUNK BEDS (MATTS)	08/10/99	SL	5.00		HY16	1,535.				1,535.	1,535.		0.	1,535.
109	DRYER (MATTS)	08/09/99	SL	5.00		HY16	289.				289.	289.		0.	289.
110	6 TWIN BUNK MATTRESSES (MATTS)	08/09/99	SL	5.00		HY16	379.				379.	379.		0.	379.
111	2 HEADBOARDS (MATTS)	08/09/99	SL	5.00		HY16	169.				169.	169.		0.	169.
112	2 FULL FRAMES (MATTS)	08/09/99	SL	5.00		HY16	51.				51.	51.		0.	51.
113	MOWER/WEED EATER (MATTS)	08/12/99	SL	5.00		HY16	272.				272.	272.		0.	272.
114	VACUUM CLEANER (MATTS)	11/09/99	SL	5.00		HY16	257.				257.	257.		0.	257.
116	BASKETBALL COURT (TEEN CENTER)	02/17/00	SL	15.00		HY16	6,400.				6,400.	3,344.		427.	3,771.
117	WONDER WOODS PLAYGROUND	03/29/00	SL	15.00		HY16	18,511.				18,511.	9,564.		1,234.	10,798.
118	WONDER WOODS BASKETBALL GOAL & POST	04/10/00	SL	15.00		HY16	696.				696.	358.		46.	404.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
120	CANON COPIER (SIMS)	04/25/00	SL	5.00		HY16	1,354.				1,354.	1,354.		0.	1,354.
121	COOLING TOWER	04/26/00	SL	7.00		HY16	5,000.				5,000.	4,998.		0.	4,998.
122	LIGHT FIXTURES (TEEN CENTER)	03/01/00	SL	7.00		HY16	2,286.				2,286.	2,286.		0.	2,286.
123	COUNTER SHUTTER (TEEN CENTER)	06/21/00	SL	10.00		HY16	587.				587.	441.		59.	500.
124	ZIP DRIVE	06/16/00	SL	5.00		HY16	277.				277.	277.		0.	277.
125	DRYER (SIMS)	03/15/00	SL	5.00		HY16	331.				331.	331.		0.	331.
126	REFRIGERATOR/FREEZER (SIMS)	06/02/00	SL	5.00		HY16	257.				257.	257.		0.	257.
127	SECURITY SYSTEM (SIMS)	07/18/00	SL	15.00		HY16	2,658.				2,658.	1,313.		177.	1,490.
128	LAWNMOWER & WEEDEATER (BB)	08/23/00	SL	5.00		HY16	368.				368.	368.		0.	368.
129	2 WASHING MACHINES (BB)	08/24/00	SL	5.00		HY16	813.				813.	813.		0.	813.
130	FURNACE (MATTS)	01/26/00	SL	7.00		HY16	2,247.				2,247.	2,247.		0.	2,247.
131	FURNACE (STEW POT)	06/02/00	SL	7.00		HY16	1,636.				1,636.	1,636.		0.	1,636.
132	4 HARD DRIVES (TEEN CENTER)	03/09/00	SL	5.00		HY16	257.				257.	257.		0.	257.
133	SOFTWARE (TEEN CENTER)	03/31/00	SL	3.00		HY16	385.				385.	385.		0.	385.
134	8 500MHZ COMPUTERS (STEW POT)	11/20/00	SL	5.00		HY16	4,400.				4,400.	4,400.		0.	4,400.
135	HEATER - (BB)	12/28/00	SL	5.00		HY16	3,745.				3,745.	3,745.		0.	3,745.
136	DISHWASHER	12/27/00	SL	5.00		HY16	708.				708.	708.		0.	708.
137	TEEN CENTER	02/15/00	ADS	40.00		HY17	13,500.				13,500.	2,661.		338.	2,999.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
138	BEDROOM FURNITURE (SIMS)	09/07/01	SL	7.00		HY16	631.				631.	570.		60.	630.
139	ELECTRIC DRYER (MATTS)	06/28/01	SL	5.00		HY16	347.				347.	346.		0.	346.
140	COPIER (MATTS)	07/02/01	SL	5.00		HY16	374.				374.	374.		0.	374.
141	95 FORD CLUB WAGON (RED W/GRAY TRIM)	10/25/01	SL	5.00		HY16	7,500.				7,500.	7,500.		0.	7,500.
142	HP 7940 P3 (SIMS)	07/26/01	SL	5.00		HY16	1,284.				1,284.	1,284.		0.	1,284.
143	BLINDS (BRUMFIELD)	06/14/01	SL	7.00		HY16	856.				856.	804.		51.	855.
144	3 TON UNIT (SOUP KITCHEN)	08/06/01	SL	7.00		HY16	1,342.				1,342.	1,231.		111.	1,342.
145	TUB/LAVATORIES (SIMS)	08/27/01	SL	7.00		HY16	1,172.				1,172.	1,059.		112.	1,171.
146	ROOFING (SIMS)	09/30/01	SL	15.00		HY16	3,321.				3,321.	1,382.		221.	1,603.
147	CARPET (SIMS)	10/05/01	SL	7.00		HY16	820.				820.	731.		88.	819.
148	PORCH/DECK 9X17X25--48" HIGH	11/02/01	SL	15.00		HY16	3,616.				3,616.	1,486.		241.	1,727.
149	COMMODOES (2) (BRUMFIELD)	03/16/01	SL	7.00		HY16	918.				918.	884.		33.	917.
150	STORAGE BUILDING 16X20 (MATTS)	05/01/01	SL	15.00		HY16	3,606.				3,606.	1,601.		240.	1,841.
151	COMPRESSOR (TEEN CENTER)	07/18/01	SL	7.00		HY16	640.				640.	585.		53.	638.
152	CABINETS (TEEN CENTER)	08/27/01	SL	7.00		HY16	356.				356.	323.		33.	356.
153	PIANO	12/04/01	SL	7.00		HY16	500.				500.	433.		65.	498.
154	84 MERCURY GRAND MARQUIS	06/29/01	SL	5.00		HY17	1,000.				1,000.	1,000.		0.	1,000.
155	95 CHEVY WORK TRUCK (BLUE)	01/18/01	SL	5.00		HY17	5,000.				5,000.	5,000.		0.	5,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
156	95 DODGE CARAVAN	10/24/01	SL	5.00		HY17	3,500.				3,500.	3,500.		0.	3,500.
157	KITCHEN FLOOR/COUNTERTOPS (SIMS)	09/11/02	SL	7.00		HY17	2,501.				2,501.	1,965.		357.	2,322.
158	BATHROOM RENOVATION (SIMS)	09/30/02	SL	15.00		HY17	2,500.				2,500.	917.		167.	1,084.
159	WASHER (SIMS)	01/18/02	SL	5.00		HY17	535.				535.	535.		0.	535.
160	CHAIN LINK FENCE (SIMS)	12/30/02	SL	15.00		HY17	1,934.				1,934.	709.		129.	838.
161	2 DRYERS (BRUMFIELD)	02/05/02	SL	5.00		HY17	1,160.				1,160.	1,160.		0.	1,160.
162	SEWER LINE (MATT'S)	02/25/02	SL	15.00		HY17	1,637.				1,637.	600.		109.	709.
163	RENOVATIONS (MATT'S)	03/15/02	SL	15.00		HY17	3,000.				3,000.	1,100.		200.	1,300.
164	CARPET (MATT'S)	11/27/02	SL	7.00		HY17	4,359.				4,359.	3,425.		623.	4,048.
165	BLINDS (MATT'S)	11/27/02	SL	7.00		HY17	908.				908.	714.		129.	843.
166	IRON DOOR & FRAME (MATT'S)	12/13/02	SL	7.00		HY17	540.				540.	424.		77.	501.
167	WASHER (BRUMFIELD)	07/19/02	SL	5.00		HY17	428.				428.	428.		0.	428.
168	FREEZER (MATT'S)	04/11/02	SL	5.00		HY17	706.				706.	706.		0.	706.
169	FLOORING (TEEN CENTER)	08/22/02	SL	7.00		HY17	2,389.				2,389.	1,877.		341.	2,218.
170	CARPET (HUT)	05/27/02	SL	7.00		HY17	2,177.				2,177.	1,711.		311.	2,022.
171	VIDEO EQUIPMENT (COMM CENTER)	04/17/02	SL	7.00		HY17	965.				965.	758.		138.	896.
172	SECURITY CAMERA FOR PARKING LOT (COMM CTR)	03/28/02	SL	7.00		HY17	2,104.				2,104.	1,654.		300.	1,954.
173	IRON & CHAIN LINK FENCE (CUMC)	01/31/02	SL	15.00		HY17	1,969.				1,969.	722.		131.	853.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
174	CHAPEL ROOF	06/21/02	SL	15.00		HY17	13,691.				13,691.	5,020.		913.	5,933.
175	FAN COIL UNITS (2) (CUMC)	09/18/02	SL	7.00		HY17	7,969.				7,969.	6,261.		1,139.	7,400.
176	20 TON CHILLER (CUMC)	09/18/02	SL	7.00		HY17	15,627.				15,627.	12,278.		2,233.	14,511.
177	CEILING FANS @ CUMC	08/01/03	SL	7.00		HY17	1,621.				1,621.	1,043.		231.	1,274.
178	93 WHITE FORD CLUB WAGON SUPER E350--DON'S	10/17/03	SL	5.00		HY17	5,450.				5,450.	4,905.		545.	5,450.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						882,400.				882,400.	468,737.		24,286.	493,023.
	MANAGEMENT AND GENERAL														
115	LAND	01/01/98	L	.000		HY	85,000.				85,000.			0.	
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						85,000.				85,000.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,990,881.				1,990,881.	530,167.		59,529.	589,696.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  ▶
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).  ▶
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only  ▶

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>STEWOPOT COMMUNITY SERVICES, INC.</b>	Employer identification number <b>64-0655566</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1100 W CAPITOL STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSON, MS 39203</b>	

**Check type of return to be filed** (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**FRANK SPENCER**

- The books are in the care of ▶ **1100 WEST CAPITOL STREET, JACKSON, MS - 39203**  
 Telephone No. ▶ **601-353-2759** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2008** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>STEWPO T COMMUNITY SERVICES, INC.</b>	<b>Employer identification number</b> <b>64-0655566</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1100 W CAPITOL STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSON, MS 39203</b>	

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**FRANK SPENCER**

• The books are in the care of **▶ 1100 WEST CAPITOL STREET, JACKSON, MS - 39203**  
 Telephone No. **▶ 601-353-2759** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.

**5** For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**7** State in detail why you need the extension  
**AN ADDITIONAL EXTENSION OF TIME IS NEEDED TO OBTAIN ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** \_\_\_\_\_ Title **▶ CPA** Date **▶** \_\_\_\_\_