

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning \_\_\_\_\_, 2007, and ending \_\_\_\_\_.

G Do not send to the IRS. Keep for your records.  
G See instructions.

**2007**

Department of the Treasury  
Internal Revenue Service

Return ID (20-digit number) **A 64447320082174000005**

Name of exempt organization  
**COMMUNITY FOUNDATION OF NORTHWEST  
MI SSI SSI PPI**

Employer identification number  
**94-3421724**

Name and title of officer

**Tom Pittman** **President**

## Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|                                      |                                       |   |    |                   |
|--------------------------------------|---------------------------------------|---|----|-------------------|
| 1a Form 990 check here. . . . .      | G <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, line 12) . . . . .                     | 1b | <u>4,636,804.</u> |
| 2a Form 990-EZ check here. . . . .   | G <input type="checkbox"/>            | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                   | 2b | _____             |
| 3a Form 1120-POL check here. . . . . | G <input type="checkbox"/>            | b Total tax (Form 1120-POL, line 22) . . . . .                            | 3b | _____             |
| 4a Form 990-PF check here. . . . .   | G <input type="checkbox"/>            | b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . . | 4b | _____             |
| 5a Form 8868 check here. . . . .     | G <input type="checkbox"/>            | b Balance Due (Form 8868, line 3c) . . . . .                              | 5b | _____             |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize WILLIAMS, PITTS & BEARD, PLLC to enter my PIN 04512 as my signature  
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature G \_\_\_\_\_ Date G \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 64447312932  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature G \_\_\_\_\_ Date G \_\_\_\_\_

ERO Must Retain This Form \* See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI 321 LOSHER STREET HERNANDO, MS 38632

D Employer Identification Number 94-3421724 E Telephone number 662-449-5002 F Accounting method: Cash [ ] Accrual [X] Other (specify) G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? ... [ ] Yes [X] No H (b) If 'Yes,' enter number of affiliates. G H (c) Are all affiliates included? ... [ ] Yes [ ] No H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No I Group Exemption Number. G M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: G cfnm.org

J Organization type (check only one) G [X] 501(c) 3 H (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here G [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 5, 177, 315.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets; 8b Less: cost or other basis; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.   |     | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-----|------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach sch) See Stmt 4<br>(cash \$ 328,452.<br>non-cash \$ _____)<br>If this amount includes foreign grants, check here... G <input type="checkbox"/> | 22a | 328,452.   | 328,452.             |                            |                 |
| 22b Other grants and allocations (att sch) See Stmt 5<br>(cash \$ 310,392.<br>non-cash \$ _____)<br>If this amount includes foreign grants, check here... G <input type="checkbox"/>            | 22b | 310,392.   | 310,392.             |                            |                 |
| 23 Specific assistance to individuals (attach schedule).....  | 23  |            |                      |                            |                 |
| 24 Benefits paid to or for members (attach schedule).....   | 24  |            |                      |                            |                 |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....  | 25a | 115,986.   | 63,792.              | 24,357.                    | 27,837.         |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....   | 25b | 0.         | 0.                   | 0.                         | 0.              |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....                   | 25c | 0.         | 0.                   | 0.                         | 0.              |
| 26 Salaries and wages of employees not included on lines 25a, b, and c.....   | 26  | 150,129.   | 82,571.              | 28,448.                    | 39,110.         |
| 27 Pension plan contributions not included on lines 25a, b, and c.....  | 27  |            |                      |                            |                 |
| 28 Employee benefits not included on lines 25a - 27.....  | 28  | 32,334.    | 17,784.              | 6,790.                     | 7,760.          |
| 29 Payroll taxes.....   | 29  | 21,564.    | 11,860.              | 4,313.                     | 5,391.          |
| 30 Professional fundraising fees.....   | 30  |            |                      |                            |                 |
| 31 Accounting fees.....   | 31  | 7,929.     | 4,361.               | 1,665.                     | 1,903.          |
| 32 Legal fees.....  | 32  |            |                      |                            |                 |
| 33 Supplies.....  | 33  |            |                      |                            |                 |
| 34 Telephone.....   | 34  |            |                      |                            |                 |
| 35 Postage and shipping.....  | 35  | 4,796.     | 2,638.               | 959.                       | 1,199.          |
| 36 Occupancy.....   | 36  | 13,924.    | 7,658.               | 2,785.                     | 3,481.          |
| 37 Equipment rental and maintenance.....  | 37  |            |                      |                            |                 |
| 38 Printing and publications.....   | 38  |            |                      |                            |                 |
| 39 Travel.....  | 39  | 11,228.    | 6,175.               | 2,246.                     | 2,807.          |
| 40 Conferences, conventions, and meetings.....  | 40  |            |                      |                            |                 |
| 41 Interest.....  | 41  |            |                      |                            |                 |
| 42 Depreciation, depletion, etc (attach schedule).....  | 42  | 316.       | 174.                 | 63.                        | 79.             |
| 43 Other expenses not covered above (itemize):  |     |            |                      |                            |                 |
| a See Statement 6.....  | 43a | 214,559.   | 193,533.             | 9,360.                     | 11,666.         |
| b.....  | 43b |            |                      |                            |                 |
| c.....  | 43c |            |                      |                            |                 |
| d.....  | 43d |            |                      |                            |                 |
| e.....  | 43e |            |                      |                            |                 |
| f.....  | 43f |            |                      |                            |                 |
| g.....  | 43g |            |                      |                            |                 |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....   | 44  | 1,211,609. | 1,029,390.           | 80,986.                    | 101,233.        |

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? G <u>See Statement 7</u><br>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.) |
|--|--|
| a <u>See Statement 8</u><br>-----<br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ <u>638,844.</u> ) If this amount includes foreign grants, check here G <input type="checkbox"/>  | 1,029,390.   |
| b<br>-----<br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here G <input type="checkbox"/>   |  |
| c<br>-----<br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here G <input type="checkbox"/>   |  |
| d<br>-----<br>-----<br>-----<br>-----<br>-----<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here G <input type="checkbox"/>   |  |
| e Other program services .....<br>(Grants and allocations \$ ) If this amount includes foreign grants, check here G <input type="checkbox"/>   |  |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services)..... G  | 1,029,390.   |

BAA

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| ASSETS   | 45 Cash - non-interest-bearing  | 391.                     | 45         | 25.                |
|  | 46 Savings and temporary cash investments   | 101,874.                 | 46         | 16,386.            |
|  | 47a Accounts receivable   |                          |            |                    |
|  | b Less: allowance for doubtful accounts   | 10,602.                  | 47c        |                    |
|  | 48a Pledges receivable  | 1,000,000.               |            |                    |
|  | b Less: allowance for doubtful accounts   | 511,306.                 | 48c        | 1,000,000.         |
|  | 49 Grants receivable  |                          | 49         | 390,924.           |
|  | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)  |                          | 50a        |                    |
|  | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)    |                          | 50b        |                    |
|  | 51a Other notes and loans receivable (attach schedule)  |                          |            |                    |
|  | b Less: allowance for doubtful accounts   |                          | 51c        |                    |
|  | 52 Inventories for sale or use  |                          | 52         |                    |
|  | 53 Prepaid expenses and deferred charges  |                          | 53         |                    |
|  | 54a Investments - publicly-traded securities. Stmt. 9. <input type="checkbox"/> Cost <input type="checkbox"/> FMV                                       | 1,560,840.               | 54a        | 3,319,085.         |
|  | b Investments - other securities (attach sch). <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |                          | 54b        |                    |
|  | 55a Investments - land, buildings, & equipment: basis. 4,382.   |                          |            |                    |
|  | b Less: accumulated depreciation (attach schedule) Statement 10. 1,910.   | 2,788.                   | 55c        | 2,472.             |
|  | 56 Investments - other (attach schedule) See Stmt. 11.  |                          | 56         | 872,000.           |
|  | 57a Land, buildings, and equipment: basis. 208,600.   |                          |            |                    |
| b Less: accumulated depreciation (attach schedule) Statement 12. 208,600.  | 208,600.  | 57c                      | 208,600.   |                    |
| 58 Other assets, including program-related investments (describe G _____). |   | 58                       |            |                    |
| 59 Total assets (must equal line 74). Add lines 45 through 58.             | 2,396,401.  | 59                       | 5,809,492. |                    |
| LIABILITIES  | 60 Accounts payable and accrued expenses  | 12,224.                  | 60         | 5,804.             |
|  | 61 Grants payable   |                          | 61         |                    |
|  | 62 Deferred revenue   |                          | 62         |                    |
|  | 63 Loans from officers, directors, trustees, and key employees (attach schedule)  |                          | 63         |                    |
|  | 64a Tax-exempt bond liabilities (attach schedule)   |                          | 64a        |                    |
|  | b Mortgages and other notes payable (attach schedule)   |                          | 64b        |                    |
|  | 65 Other liabilities (describe G _____).  |                          | 65         |                    |
| 66 Total liabilities. Add lines 60 through 65.                             | 12,224.   | 66                       | 5,804.     |                    |
| NET ASSETS OR FUND BALANCES  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.                |                          |            |                    |
|  | 67 Unrestricted   | 412,002.                 | 67         | 799,704.           |
|  | 68 Temporarily restricted   | 568,312.                 | 68         | 800,822.           |
|  | 69 Permanently restricted   | 1,403,863.               | 69         | 4,203,162.         |
|  | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.  |                          |            |                    |
|  | 70 Capital stock, trust principal, or current funds   |                          | 70         |                    |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund  |                          | 71         |                    |
|  | 72 Retained earnings, endowment, accumulated income, or other funds   |                          | 72         |                    |
|  | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 2,384,177.               | 73         | 5,803,688.         |
|  | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73.   | 2,396,401.               | 74         | 5,809,492.         |

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

|   |  |     |            |
|---|--|-----|------------|
| a | Total revenue, gains, and other support per audited financial statements ..... | a   | 4,740,501. |
| b | Amounts included on line a but not on Part I, line 12:                         |     |            |
|   | 1 Net unrealized gains on investments .....                                    | b1  |            |
|   | 2 Donated services and use of facilities .....                                 | b2  |            |
|   | 3 Recoveries of prior year grants .....  | b3  |            |
|   | 4 Other (specify):<br>See Stm 13 .....   | b4  | 103,697.   |
|   | Add lines b1 through b4 .....  | b   | 103,697.   |
| c | Subtract line b from line a .....  | c   | 4,636,804. |
| d | Amounts included on Part I, line 12, but not on line a:                        |     |            |
|   | 1 Investment expenses not included on Part I, line 6b .....                    | d1  |            |
|   | 2 Other (specify):<br>.....  | d2  |            |
|   | Add lines d1 and d2 .....  | d   |            |
| e | Total revenue (Part I, line 12). Add lines c and d .....                       | G e | 4,636,804. |

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

|   |  |     |            |
|---|--|-----|------------|
| a | Total expenses and losses per audited financial statements ..... | a   | 1,315,306. |
| b | Amounts included on line a but not on Part I, line 17:           |     |            |
|   | 1 Donated services and use of facilities .....                   | b1  |            |
|   | 2 Prior year adjustments reported on Part I, line 20 .....       | b2  |            |
|   | 3 Losses reported on Part I, line 20 .....                       | b3  |            |
|   | 4 Other (specify):<br>See Stmt 14 .....                          | b4  | 103,697.   |
|   | Add lines b1 through b4 .....                                    | b   | 103,697.   |
| c | Subtract line b from line a .....                                | c   | 1,211,609. |
| d | Amounts included on Part I, line 17, but not on line a:          |     |            |
|   | 1 Investment expenses not included on Part I, line 6b .....      | d1  |            |
|   | 2 Other (specify):<br>.....                                      | d2  |            |
|   | Add lines d1 and d2 .....  | d   |            |
| e | Total expenses (Part I, line 17). Add lines c and d .....        | G e | 1,211,609. |

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| See Statement 15     |  | 115,986.                                  | 0.  | 0.                                       |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
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| Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)  |       | Yes | No |
|--|-------|-----|----|
| 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .. <u>G 13</u>  |       |     |    |
| b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) .....                            | 75b   |     | X  |
| c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ..... | G 75c |     | X  |
| If 'Yes,' attach a statement that includes the information described in the instructions.  |       |     |    |
| d Does the organization have a written conflict of interest policy? .....  | 75d   | X   |    |

| Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) | (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Expense account and other allowances |
|---|----------------------|------------------------|---|---|--|
|   | <u>None</u>          |                        |   |   |  |
|   |                      |                        |   |   |  |
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|   |                      |                        |   |   |  |

| Part VI Other Information (See the instructions.)  |     | Yes | No |
|--|-----|-----|----|
| 76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change .....  | 76  |     | X  |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? .....   | 77  |     | X  |
| If 'Yes,' attach a conformed copy of the changes.  |     |     |    |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....   | 78a |     | X  |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? .....   | 78b | N/A |    |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .....   | 79  |     | X  |
| 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? ..... | 80a |     | X  |
| b If 'Yes,' enter the name of the organization G <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.   |     |     |    |
| 81a Enter direct and indirect political expenditures. (See line 81 instructions.) .....  | 81a | 0.  |    |
| b Did the organization file Form 1120-POL for this year? .....   | 81b |     | X  |

| Part VI Other Information (continued) |  | Yes   | No  |
|---------------------------------------|--|-------|-----|
| 82 a                                  | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | X     |     |
| b                                     | If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)   |       |     |
|                                       | 82b 3,550.   |       |     |
| 83 a                                  | Did the organization comply with the public inspection requirements for returns and exemption applications?  | X     |     |
| b                                     | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | X     |     |
| 84 a                                  | Did the organization solicit any contributions or gifts that were not tax deductible?  |       | X   |
| b                                     | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |       | N/A |
| 85 a                                  | 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?  |       | N/A |
| b                                     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |       | N/A |
|                                       | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.   |       |     |
| c                                     | Dues, assessments, and similar amounts from members  | 85c   | N/A |
| d                                     | Section 162(e) lobbying and political expenditures   | 85d   | N/A |
| e                                     | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e   | N/A |
| f                                     | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f   | N/A |
| g                                     | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | 85g   | N/A |
| h                                     | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?   | 85h   | N/A |
| 86                                    | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  | 86a   | N/A |
| b                                     | Gross receipts, included on line 12, for public use of club facilities   | 86b   | N/A |
| 87                                    | 501(c)(12) organizations. Enter: a Gross income from members or shareholders   | 87a   | N/A |
| b                                     | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 87b   | N/A |
| 88 a                                  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.                      | 88a   | X   |
| b                                     | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.   | G 88b | X   |
| 89 a                                  | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G 0; section 4912 G 0; section 4955 G 0.   |       |     |
| b                                     | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.                     | 89b   | X   |
| c                                     | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.   | G     | 0.  |
| d                                     | Enter: Amount of tax on line 89c, above, reimbursed by the organization.   | G     | 0.  |
| e                                     | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?  | 89e   | X   |
| f                                     | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?  | 89f   | X   |
| g                                     | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  | 89g   | X   |
| 90 a                                  | List the states with which a copy of this return is filed G None   |       |     |
| b                                     | Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)  | 90b   | 5   |
| 91 a                                  | The books are in care of G Tom Pittman Telephone number G 662-449-5002 Located at G 321 LOSHER STREET Hernando MS ZIP + 4 G 38632  |       |     |
| 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)? If 'Yes,' enter the name of the foreign country G | 91b   | X   |
|                                       | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |       |     |



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If 'Yes,' enter the name of the foreign country G

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of 'Form 1041' Check here  N/A  G   
 and enter the amount of tax-exempt interest received or accrued during the tax year G 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |                   | (E)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|-------------------|---|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount     |   |
| 93 Program service revenue:                                  |                           |               |                                      |                   |   |
| a <u>Administrative Fees</u>                                 |                           |               |                                      |                   | 27,682.                                     |
| b _____  |                           |               |                                      |                   |   |
| c _____  |                           |               |                                      |                   |   |
| d _____  |                           |               |                                      |                   |   |
| e _____  |                           |               |                                      |                   |   |
| f Medicare/Medicaid payments                                 |                           |               |                                      |                   |   |
| g Fees & contracts from government agencies                  |                           |               |                                      |                   |   |
| 94 Membership dues and assessments                           |                           |               |                                      |                   |   |
| 95 Interest on savings & temporary cash invmnts              |                           |               | 14                                   | 32,143.           |   |
| 96 Dividends & interest from securities                      |                           |               | 14                                   | 108,836.          |   |
| 97 Net rental income or (loss) from real estate:             |                           |               |                                      |                   |   |
| a debt-financed property                                     |                           |               |                                      |                   |   |
| b not debt-financed property                                 |                           |               |                                      |                   |   |
| 98 Net rental income or (loss) from pers prop                |                           |               |                                      |                   |   |
| 99 Other investment income                                   |                           |               |                                      |                   |   |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |                   | -1,184.                                     |
| 101 Net income or (loss) from special events                 |                           |               |                                      |                   | 135,466.                                    |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |                   |   |
| 103 Other revenue: a _____                                   |                           |               |                                      |                   |   |
| b _____  |                           |               |                                      |                   |   |
| c _____  |                           |               |                                      |                   |   |
| d _____  |                           |               |                                      |                   |   |
| e _____  |                           |               |                                      |                   |   |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           |               |                                      | 140,979.          | 161,964.                                    |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      | <u>G</u> 302,943. |   |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| F        | See Statement 16  |
|          |   |
|          |   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

|  |     |    |
|--|-----|----|
|  | Yes | No |
| 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity..... | X   |    |

|        | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|--------|---|---------------------------------------|--------------------------------|---------------------------|
| a      | See Statement 17                                |                                       |                                |                           |
| b      |   |                                       |                                |                           |
| c      |   |                                       |                                |                           |
| Totals |   |                                       |                                | 872,000.                  |

|   |     |    |
|---|-----|----|
|   | Yes | No |
| 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity..... |     | X  |

|        | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|--------|---|---------------------------------------|--------------------------------|---------------------------|
| a      |   |                                       |                                |                           |
| b      |   |                                       |                                |                           |
| c      |   |                                       |                                |                           |
| Totals |   |                                       |                                |                           |

|   |     |    |
|---|-----|----|
|   | Yes | No |
| 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?..... |     | X  |

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.

Please Sign Here

**G** \_\_\_\_\_  
Signature of officer

\_\_\_\_\_ Date

**G** Tom Pittman, President  
Type or print name and title.

|                          |   |                  |   |   |
|--------------------------|---|------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature <b>G</b> Roxie F. Norris   | Date             | Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X)<br>N/A |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>G</b> WILLIAMS, PITTS & BEARD, PLLC<br>2042 MCINGVALE RD STE A<br>HERNANDO, MS 38632-8706 | EIN <b>G</b> N/A | Phone no. <b>G</b> (662) 429-4436   |   |

BAA

SCHEDULE A  
(Form 990 or 990-EZ)

Organization Exempt Under  
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury  
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization **COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI** Employer identification number **94-3421724**

**Part I** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See instructions. List each one. If there are none, enter 'None.')

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| See Statement 18  |  | 54,660.          | 9,600.  | 0.                                       |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000            | G 0  |                  |   |  |

**Part II A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services    | G 0                 |                  |

**Part II B** Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000  | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services | G 0                 |                  |

| Part III Statements About Activities (See instructions.)  |  | Yes | No |
|---|--|-----|----|
| 1   | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u>N/A</u><br>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)  |     | X  |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |  |     |    |
| 2   | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) |     |    |
|   | a Sale, exchange, or leasing of property?  |     | X  |
|   | b Lending of money or other extension of credit?   |     | X  |
|   | c Furnishing of goods, services, or facilities?  |     | X  |
|   | d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  |     | X  |
|   | e Transfer of any part of its income or assets?  |     | X  |
| 3a  | Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . Stmt 19  | X   |    |
|   | b Did the organization have a section 403(b) annuity plan for its employees?   |     | X  |
|   | c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement   |     | X  |
|   | d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?  |     | X  |
| 4a  | Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g   | X   |    |
|   | b Did the organization make any taxable distributions under section 4966?  |     | X  |
|   | c Did the organization make a distribution to a donor, donor advisor, or related person?   |     | X  |
|   | d Enter the total number of donor advised funds owned at the end of the tax year. . . . . G <u>27</u>  |     |    |
|   | e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . G <u>1,138,584.</u>  |     |    |
|   | f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . . G <u>1</u>   |     |    |
|   | g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u>871,414.</u>  |     |    |

**Part IV Reason for Non-Private Foundation Status (See instructions.)**

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| Total .....                                 |   |  |   |    | G 0.                     |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)..... G   | (a)<br>2006 | (b)<br>2005 | (c)<br>2004 | (d)<br>2003 | (e)<br>Total   |
|--|-------------|-------------|-------------|-------------|----------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...   | 1,504,712.  | 532,465.    | 252,240.    | 119,744.    | 2,409,161.     |
| 16 Membership fees received.....   |             |             |             |             | 0.             |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.....   | 220,333.    | 213,711.    | 50,961.     | 78,713.     | 563,718.       |
| 18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....   | 44,504.     | 13,830.     | 2,318.      | 935.        | 61,587.        |
| 19 Net income from unrelated business activities not included in line 18.....  |             |             |             |             | 0.             |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....   |             |             |             |             | 0.             |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....   |             |             |             |             | 0.             |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....   |             |             |             |             | 0.             |
| 23 Total of lines 15 through 22.....   | 1,769,549.  | 760,006.    | 305,519.    | 199,392.    | 3,034,466.     |
| 24 Line 23 minus line 17.....  | 1,549,216.  | 546,295.    | 254,558.    | 120,679.    | 2,470,748.     |
| 25 Enter 1% of line 23.....  | 17,695.     | 7,600.      | 3,055.      | 1,994.      |                |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... G   |             |             |             |             | 26a 49,415.    |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G  |             |             |             |             | 26b 125,585.   |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G   |             |             |             |             | 26c 2,470,748. |
| d Add: Amounts from column (e) for lines: 18 <u>61,587.</u> 19 <u>                    </u> 22 <u>                    </u> 26b <u>125,585.</u> .....  |             |             |             |             | 26d 187,172.   |
| e Public support (line 26c minus line 26d total)..... G  |             |             |             |             | 26e 2,283,576. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G  |             |             |             |             | 26f 92.42 %    |
| 27 Organizations described on line 12: N/A   |             |             |             |             |                |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:<br>(2006) _____ (2005) _____ (2004) _____ (2003) _____   |             |             |             |             |                |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:<br>(2006) _____ (2005) _____ (2004) _____ (2003) _____ |             |             |             |             |                |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____.....  |             |             |             |             | 27c _____      |
| d Add: Line 27a total _____ and line 27b total.....  |             |             |             |             | 27d _____      |
| e Public support (line 27c total minus line 27d total)..... G  |             |             |             |             | 27e _____      |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G  |             |             |             |             | 27f _____      |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G  |             |             |             |             | 27g %          |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G  |             |             |             |             | 27h %          |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V** Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

|     |   | N/A |    |
|-----|---|-----|----|
|     |   | Yes | No |
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....  |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....   |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?.....<br>If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----<br>----- |     |    |
| 32  | Does the organization maintain the following:   |     |    |
|     | a Records indicating the racial composition of the student body, faculty, and administrative staff?.....  |     |    |
|     | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....  |     |    |
|     | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....  |     |    |
|     | d Copies of all material used by the organization or on its behalf to solicit contributions?.....<br><br>If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----   |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:  |     |    |
|     | a Students' rights or privileges?.....  |     |    |
|     | b Admissions policies?.....   |     |    |
|     | c Employment of faculty or administrative staff?.....   |     |    |
|     | d Scholarships or other financial assistance?.....  |     |    |
|     | e Educational policies?.....  |     |    |
|     | f Use of facilities?.....   |     |    |
|     | g Athletic programs?.....   |     |    |
|     | h Other extracurricular activities?.....<br><br>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----   |     |    |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency?.....  |     |    |
|     | b Has the organization's right to such aid ever been revoked or suspended?.....<br>If you answered 'Yes' to either 34a or b, please explain using an attached statement.  |     |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check G a  if the organization belongs to an affiliated group. Check G b  if you checked 'a' and 'limited control' provisions apply.

| Limits on Lobbying Expenditures<br>(The term 'expenditures' means amounts paid or incurred.)          |    | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for all electing<br>organizations |
|---|----|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying).....                 | 36 |                                   |   |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying).....                 | 37 |                                   |   |
| 38 Total lobbying expenditures (add lines 36 and 37).....   | 38 |                                   |   |
| 39 Other exempt purpose expenditures.....   | 39 |                                   |   |
| 40 Total exempt purpose expenditures (add lines 38 and 39).....                                       | 40 |                                   |   |
| 41 Lobbying nontaxable amount. Enter the amount from the following table '.....                       |    |                                   |   |
| If the amount on line 40 is '..... The lobbying nontaxable amount is '.....                           |    |                                   |   |
| Not over \$500,000..... 20% of the amount on line 40.....   |    |                                   |   |
| Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000.....     |    |                                   |   |
| Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000..... | 41 |                                   |   |
| Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000..... |    |                                   |   |
| Over \$17,000,000..... \$1,000,000.....   |    |                                   |   |
| 42 Grassroots nontaxable amount (enter 25% of line 41).....   | 42 |                                   |   |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....                      | 43 |                                   |   |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....                      | 44 |                                   |   |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.                 |    |                                   |   |

**4 -Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

| Calendar year<br>(or fiscal year<br>beginning in) G       | Lobbying Expenditures During 4 -Year Averaging Period |             |             |             |              |
|---|---|-------------|-------------|-------------|--------------|
|   | (a)<br>2007   | (b)<br>2006 | (c)<br>2005 | (d)<br>2004 | (e)<br>Total |
| 45 Lobbying nontaxable amount.....                        |   |             |             |             |              |
| 46 Lobbying ceiling amount<br>(150% of line 45(e)).....   |   |             |             |             |              |
| 47 Total lobbying expenditures.....                       |   |             |             |             |              |
| 48 Grassroots non-taxable amount.....                     |   |             |             |             |              |
| 49 Grassroots ceiling amount<br>(150% of line 48(e))..... |   |             |             |             |              |
| 50 Grassroots lobbying expenditures.....                  |   |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers.....   |     |    |        |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.).....   |     |    |        |
| c Media advertisements.....   |     |    |        |
| d Mailings to members, legislators, or the public.....  |     |    |        |
| e Publications, or published or broadcast statements.....   |     |    |        |
| f Grants to other organizations for lobbying purposes.....  |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body.....   |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....   |     |    |        |
| i Total lobbying expenditures (add lines c through h.).....   |     |    |        |

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.





Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

|  |   |
|--|---|
| Name of organization<br><b>COMMUNITY FOUNDATION OF NORTHWEST<br/>MISSISSIPPI</b> | Employer identification number<br><b>94-3421724</b> |
|--|---|

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ' see instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST

94-3421724

**Part I** Contributors (See Specific Instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|---------------|---|-----------------------------------|--|
| 1             | Maddox Foundation<br>180 West Commerce Street<br>Hernando, MS 38632     | \$ 824,483.                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2             | Mrs. Kirby Dobbs Floyd<br>1000 Ridgeway Loop, #203<br>Memphis, TN 38120 | \$ 112,000.                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3             | Charles Boone<br>8585 U.S. 64<br>Memphis, TN 38133                      | \$ 872,000.                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4             | North Delta School<br>330 Green Wave Lane<br>Batesville, MS 38606       | \$ 117,563.                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5             | M/M John R. Osborne, Sr.<br>655 Fairway Drive<br>Hernando, MS 38632     | \$ 100,000.                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6             | George G. Randolph<br>6645 Highway 51 South<br>Batesville, MS 38606     | \$ 100,000.                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST

94-3421724

**Part I** Contributors (See Specific Instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|---------------|---|--------------------------------|--|
| 7             | Robert Wood Johnson Foundation<br>P. O. Box 2316<br>Princeton, NJ 08543   | \$ 146,719.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8             | Dr. and Mrs. James Robertson<br>8570 Jones Road<br>Olive Branch, MS 38654 | \$ 148,420.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9             | The Phil Hardin Foundation<br>1921 24th Avenue<br>Meridian, MS 39301      | \$ 469,755.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|               |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST

94-3421724

**Part II** Noncash Property (See Specific Instructions.)

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 5                         | various stock, NYSE - FMV at date of donation<br>-----<br>-----<br>----- | \$ 99,683.                                     | 12/17/07             |
| 8                         | 2,000 sh CELGENE stock<br>-----<br>-----<br>-----                        | \$ 123,420.                                    | 6/04/07              |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST

94-3421724

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G \$ N/A

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|---------------------------|------------------------|--------------------|--|
|                           | N/A                    |                    |  |
|                           |                        |                    |  |
|                           |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|---------------------------|------------------------|--------------------|--|
|                           |                        |                    |  |
|                           |                        |                    |  |
|                           |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|---------------------------|------------------------|--------------------|--|
|                           |                        |                    |  |
|                           |                        |                    |  |
|                           |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|---------------------------|------------------------|--------------------|--|
|                           |                        |                    |  |
|                           |                        |                    |  |
|                           |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

Statement 1  
Form 990, Part I, Line 8  
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 192,630.  
Cost or Other Basis: 193,814.

Total Gain (Loss) Publicly Traded Securities \$ -1,184.

Nonpublicly Traded Securities

Description: various certificates of deposit  
Date Acquired: Various  
How Acquired: Purchased  
Date Sold: Various  
To Whom Sold:  
Gross Sales Price: 243,000.  
Cost or Other Basis: 243,000.

Gain (Loss) 0.

Total Gain (Loss) Nonpublicly Traded Securities \$ 0.

Total Net Gain (Loss) From Noninventory Sales \$ -1,184.

Statement 2  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

| <u>Special Events</u> | <u>Gross<br/>Receipts</u> | <u>Less<br/>Contri-<br/>butions</u> | <u>Gross<br/>Revenue</u> | <u>Less<br/>Direct<br/>Expenses</u> | <u>Net<br/>Income<br/>(Loss)</u> |
|-----------------------|---------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------|
| Crystal Ball          | 239,163.                  | 0.                                  | 239,163.                 | 103,697.                            | 135,466.                         |
| Total                 | <u>\$ 239,163.</u>        | <u>\$ 0.</u>                        | <u>\$ 239,163.</u>       | <u>\$ 103,697.</u>                  | <u>\$ 135,466.</u>               |

Statement 3  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

Unrealized loss on investments..... \$ -5,684.  
Total \$ -5,684.

Statement 4  
Form 990, Part II, Line 22a  
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

|                        |   |            |
|------------------------|---|------------|
| Class of Activity:     | Charitable  |            |
| Donee's Name:          | Hernando Youth Sports                                 |            |
| Donee's Address:       | 2470 Hwy 51 South<br>Hernando, MS 38632               |            |
| Relationship of Donee: | None  |            |
| Amount Given:          |   | \$ 61,200. |
|                        |   |            |
| Class of Activity:     | Charitable  |            |
| Donee's Name:          | Smiles for Life                                       |            |
| Donee's Address:       | 975 Woodoak Lane, Ste 200<br>Salt Lake City, UT 84117 |            |
| Relationship of Donee: | none  |            |
| Amount Given:          |   | 5,950.     |
|                        |   |            |
| Class of Activity:     | Charitable  |            |
| Donee's Name:          | DeSoto Health&Wellness Center                         |            |
| Donee's Address:       | 7181 Delta Bluff Pkwy<br>Wallis, MS 38680             |            |
| Amount Given:          |   | 8,983.     |
|                        |   |            |
| Class of Activity:     | Religious   |            |
| Donee's Name:          | Living Waters Honduras Mission                        |            |
| Donee's Address:       | P O Box 591<br>Horn Lake, MS 38637                    |            |
| Amount Given:          |   | 17,900.    |
|                        |   |            |
| Class of Activity:     | Charitable  |            |
| Donee's Name:          | YCAP of Desoto County                                 |            |
| Donee's Address:       | P.O. Box 928<br>Hernando, MS 38632                    |            |
| Amount Given:          |   | 600.       |
|                        |   |            |
| Class of Activity:     | Educational   |            |
| Donee's Name:          | SNJM Jonestown Learning Center                        |            |
| Donee's Address:       | P.O. Box 248<br>Jonestown, MS 38639                   |            |
| Amount Given:          |   | 5,900.     |
|                        |   |            |
| Class of Activity:     | Educational   |            |
| Donee's Name:          | Quitman County School District                        |            |
| Donee's Address:       | P.O. Drawer E<br>Marks, MS 38646                      |            |
| Amount Given:          |   | 403.       |
|                        |   |            |
| Class of Activity:     | Charitable  |            |
| Donee's Name:          | Fellowship of Christian Athletes N. Dis2              |            |
| Donee's Address:       | 931 Gaylon Drive<br>Southaven, MS 38671               |            |
| Amount Given:          |   | 8,500.     |
|                        |   |            |
| Class of Activity:     | Educational   |            |
| Donee's Name:          | DeSoto Central H S Band                               |            |
| Donee's Address:       | 2911 Central Parkway<br>Southaven, MS 38672           |            |



Statement 4 (continued)  
Form 990, Part II, Line 22a  
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

|                    |  |
|--------------------|--|
| Amount Given:      | \$ 2,049.                                      |
| Class of Activity: | Charitable                                     |
| Donee's Name:      | Memphis Youth Hockey League                    |
| Donee's Address:   | P.O. Box 704<br>Collierville, TN 38027         |
| Amount Given:      | 1,254.   |
| Class of Activity: | Educational                                    |
| Donee's Name:      | DeSoto County Schools                          |
| Donee's Address:   | 5 East South Street<br>Hernando, MS 38632      |
| Amount Given:      | 120,620.                                       |
| Class of Activity: | Religious                                      |
| Donee's Name:      | Southaven Hispanic Church of Nazarene          |
| Donee's Address:   | 1761 Dorchester<br>Southaven, MS 38671         |
| Amount Given:      | 17,200.  |
| Class of Activity: | Religious                                      |
| Donee's Name:      | MS District Church of Nazarene                 |
| Donee's Address:   | 509 Springridge Road<br>Clinton, MS 39056      |
| Amount Given:      | 11,990.  |
| Class of Activity: | Charitable                                     |
| Donee's Name:      | North MS Monarchs                              |
| Donee's Address:   | 7420 Hunters Hollow Lane<br>Soutaven, MS 38671 |
| Amount Given:      | 826.   |
| Class of Activity: | Charitable                                     |
| Donee's Name:      | Special Olympics Area 16                       |
| Donee's Address:   | 7355 Allison Road<br>Olive Branch, MS 38654    |
| Amount Given:      | 312.   |
| Class of Activity: | Religious                                      |
| Donee's Name:      | Broadmeadow United Methodist                   |
| Donee's Address:   | 4419 Broadmeadow Drive<br>Jackson, MS 39206    |
| Amount Given:      | 5,000.   |
| Class of Activity: | Educational                                    |
| Donee's Name:      | Oak Grove Central Elementary                   |
| Donee's Address:   | 893 Oak Grove Road<br>Hernando, MS 38632       |
| Amount Given:      | 100.   |
| Class of Activity: | Religious                                      |
| Donee's Name:      | Love United Methodist Church                   |
| Donee's Address:   | 735 Love Road<br>Hernando, MS 38632            |

Statement 4 (continued)  
Form 990, Part II, Line 22a  
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

|                    |   |         |
|--------------------|---|---------|
| Amount Given:      |   | \$ 100. |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Celebrate Hernando                                |         |
| Donee's Address:   | 945 Eagle Ridge Cove<br>Hernando, MS 38632        |         |
| Amount Given:      |   | 5,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | American Cancer Society                           |         |
| Donee's Address:   | 1378 Union Avenue<br>Memphis, TN 38104            |         |
| Amount Given:      |   | 100.    |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Citizensium Foundation/Tide Center                |         |
| Donee's Address:   | 167 S. Township Road<br>Pataskala, OH 43062       |         |
| Amount Given:      |   | 1,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Hernando Chamber of Commerce                      |         |
| Donee's Address:   | 2465 Highway 51 South<br>Hernando, MS 38632       |         |
| Amount Given:      |   | 1,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | CrossRoads Foundation                             |         |
| Donee's Address:   | 766 Hickory Ridge Drive<br>Hernando, MS 38632     |         |
| Amount Given:      |   | 1,800.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | UMC Katrina Relief Fund                           |         |
| Donee's Address:   | 3181 Holly Springs Road<br>Hernando, MS 38632     |         |
| Amount Given:      |   | 350.    |
| Class of Activity: | Religious   |         |
| Donee's Name:      | DeSoto County Prayer Council                      |         |
| Donee's Address:   | 321 Loshier Street<br>Hernando, MS 38632          |         |
| Amount Given:      |   | 1,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Hernando Lions Club                               |         |
| Donee's Address:   | 3845 Highway 51 South<br>Hernando, MS 38632       |         |
| Amount Given:      |   | 1,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | MS Commission for Vol Service                     |         |
| Donee's Address:   | 3825 Ridgewood Rd, Suite 601<br>Jackson, MS 39211 |         |

Statement 4 (continued)  
Form 990, Part II, Line 22a  
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

|                    |  |           |
|--------------------|--|-----------|
| Amount Given:      |  | \$ 2,500. |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Mid-south German Shepherd Rescue                       |           |
| Donee's Address:   | P.O. Box 542<br>Nesbit, MS 38651                       |           |
| Amount Given:      |  | 129.      |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Baddour Center   |           |
| Donee's Address:   | P.O. Box 97<br>Senatobia, MS 38668                     |           |
| Amount Given:      |  | 1,391.    |
| Class of Activity: | Educational  |           |
| Donee's Name:      | Rhodes College   |           |
| Donee's Address:   | 2000 N. Parkway<br>Memphis, TN 38112                   |           |
| Amount Given:      |  | 16,000.   |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Arthritis Foundation                                   |           |
| Donee's Address:   | 5352 Estate Office Park Dr, Ste 1<br>Memphis, TN 38119 |           |
| Amount Given:      |  | 50.       |
| Class of Activity: | Educational  |           |
| Donee's Name:      | Al Gilles Southaven Rotary Scholarship                 |           |
| Donee's Address:   | 7738 Parkwood Circle<br>Southaven, MS 38671            |           |
| Amount Given:      |  | 100.      |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Maddox Hockey, Inc., d/b/a River Kings                 |           |
| Donee's Address:   | 2470 Highway 51 South<br>Hernando, MS 38632            |           |
| Amount Given:      |  | 240.      |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Palmer Home for Children                               |           |
| Donee's Address:   | P.O. Box 929<br>Hernando, MS 38632                     |           |
| Amount Given:      |  | 6,076.    |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Historic DeSoto Museum                                 |           |
| Donee's Address:   | 111 East Commerce<br>Hernando, MS 38632                |           |
| Amount Given:      |  | 500.      |
| Class of Activity: | Charitable   |           |
| Donee's Name:      | Youth Opportunities Unltd                              |           |
| Donee's Address:   | P.O. Box 294<br>Marks, MS 38646                        |           |

Statement 4 (continued)  
Form 990, Part II, Line 22a  
Grants and Allocations from Donor Advised Funds

Cash Grants and Allocations

Amount Given: \$ 329.

Class of Activity: Educational  
Donee's Name: Technology & Education Fund  
Donee's Address: 431 Losther Street  
Hernando, MS 38632

Amount Given: 21,000.

Total Grants and Allocations \$ 328,452.

Statement 5  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

Class of Activity: Charitable  
Donee's Name: Heart's Desire Therapeutic Rid  
Donee's Address: P O Box 466  
Senatobia, MS 38668

Relationship of Donee: None  
Amount Given: \$ 2,500.

Class of Activity: Charitable  
Donee's Name: Impact Missions, Inc.  
Donee's Address: 8791 Northwest Drive  
Southaven, MS 38671

Amount Given: 1,000.

Class of Activity: Charitable  
Donee's Name: Boys and Girls Club of DeSoto Co  
Donee's Address: P.O. Box 3216  
Cleveland, MS 38733

Amount Given: 5,000.

Class of Activity: Charitable  
Donee's Name: Girl Scouts Council of NW MS  
Donee's Address: 305 E. Washington St.  
Greenwood, MS 38930

Amount Given: 1,286.

Class of Activity: Charitable  
Donee's Name: Sacred Heart Southern Missions  
Donee's Address: P.O. Box 190  
Walls, MS 38680

Amount Given: 2,899.

Class of Activity: Charitable  
Donee's Name: Northeast MS Healthcare  
Donee's Address: P. O. Box 698  
Byhalia, MS 38611

Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

|                    |   |         |
|--------------------|---|---------|
| Amount Given:      |   | \$ 500. |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Alliance Charitable Foundation                      |         |
| Donee's Address:   | P.O. Box 5897<br>Holly Springs, MS 38634            |         |
| Amount Given:      |   | 13,500. |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | YMCA of Memphis & Mid-South                         |         |
| Donee's Address:   | 777 W. Poplar, Suite 103<br>Collierville, TN 38017  |         |
| Amount Given:      |   | 3,000.  |
| Class of Activity: | Religious   |         |
| Donee's Name:      | 1st Oak Grove MB Church & Outreach                  |         |
| Donee's Address:   | P.O. Box 423<br>Crowder, MS 38622                   |         |
| Amount Given:      |   | 2,500.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | House of Grace                                      |         |
| Donee's Address:   | P.O. Box 272<br>Southaven, MS 38671                 |         |
| Amount Given:      |   | 3,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | DeSoto Health & Wellness Center                     |         |
| Donee's Address:   | 7181 Delta Bluff Parkway<br>Walls, MS 38680         |         |
| Amount Given:      |   | 4,267.  |
| Class of Activity: | Educational   |         |
| Donee's Name:      | Teach for America - Delta                           |         |
| Donee's Address:   | 299 South 9th Street, Suite 212<br>Oxford, MS 38655 |         |
| Amount Given:      |   | 5,000.  |
| Class of Activity: | Educational   |         |
| Donee's Name:      | SNJM Jonestown Learning Center                      |         |
| Donee's Address:   | P.O. Box 248<br>Jonestown, MS 38639                 |         |
| Amount Given:      |   | 5,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Delta Blues Museum                                  |         |
| Donee's Address:   | P.O. Box 459<br>Clarksdale, MS 38614                |         |
| Amount Given:      |   | 2,000.  |
| Class of Activity: | Charitable  |         |
| Donee's Name:      | Baddour Center                                      |         |
| Donee's Address:   | P.O. Box 97<br>Senatobia, MS 38668                  |         |

Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

|                    |  |           |
|--------------------|--|-----------|
| Amount Given:      |  | \$ 2,500. |
| Class of Activity: | Religious                                |           |
| Donee's Name:      | St. Timothy's Episcopal                  |           |
| Donee's Address:   | 8245 Getwell Road<br>Southaven, MS 38671 |           |
| Amount Given:      |  | 1,500.    |
| Class of Activity: | Charitable                               |           |
| Donee's Name:      | SonEdna Foundation, Inc.                 |           |
| Donee's Address:   | P.O. Box 650<br>Charleston, MS 38921     |           |
| Amount Given:      |  | 5,000.    |
| Class of Activity: | Educational                              |           |
| Donee's Name:      | Tutwiler Community Education             |           |
| Donee's Address:   | P.O. Box 448<br>Tutwiler, MS 38963       |           |
| Amount Given:      |  | 2,400.    |
| Class of Activity: | Charitable                               |           |
| Donee's Name:      | Sycamore Arts Council                    |           |
| Donee's Address:   | P.O. Box 1096<br>Senatobia, MS 38668     |           |
| Amount Given:      |  | 3,750.    |
| Class of Activity: | Charitable                               |           |
| Donee's Name:      | American Red Cross                       |           |
| Donee's Address:   | 1400 Central Avenue<br>Memphis, TN 38104 |           |
| Amount Given:      |  | 1,815.    |
| Class of Activity: | Religious                                |           |
| Donee's Name:      | Love Temple Fellowship Ministry          |           |
| Donee's Address:   | P.O. Box 1452<br>Tunica, MS 38676        |           |
| Amount Given:      |  | 3,750.    |
| Class of Activity: | Charitable                               |           |
| Donee's Name:      | Historic DeSoto Museum                   |           |
| Donee's Address:   | 111 East Commerce<br>Hernando, MS 38632  |           |
| Amount Given:      |  | 2,516.    |
| Class of Activity: | Charitable                               |           |
| Donee's Name:      | Youth Opportunities United               |           |
| Donee's Address:   | P.O. Box 294<br>Marks, MS 38646          |           |
| Amount Given:      |  | 13,250.   |
| Class of Activity: | Charitable                               |           |
| Donee's Name:      | Ben Flanagan Memorial Fund               |           |
| Donee's Address:   | 321 Loshier Street<br>Hernando, MS 38632 |           |

Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 2,500.

Class of Activity: Educational  
Donee's Name: Mississippi State University  
Donee's Address: P.O. Box 5316  
Mississippi State, MS 39762

Amount Given: 20,000.

Class of Activity: Charitable  
Donee's Name: Celebrate Hernando  
Donee's Address: 945 Eagle Ridge Cove  
Hernando, MS 38632

Amount Given: 500.

Class of Activity: Charitable  
Donee's Name: Maddox Football, Inc. d/b/a/ Explorers  
Donee's Address: 4560 Venture Drive  
Southaven, MS 38671

Amount Given: 332.

Class of Activity: Charitable  
Donee's Name: Maddox Hockey, Inc., d/b/a River Kings  
Donee's Address: 4560 Venture Drive  
Southaven, MS 38671

Amount Given: 5,897.

Class of Activity: Educational  
Donee's Name: Christie Herring  
Donee's Address: 1466 38th Avenue  
San Francisco, CA 94122

Amount Given: 19,755.

Class of Activity: Educational  
Donee's Name: Rural School & Community Trust  
Donee's Address: 1775 Graham Avenue  
Henderson, NC 27536

Amount Given: 7,743.

Class of Activity: Educational  
Donee's Name: Delta Technical College  
Donee's Address: 1090 Main Street  
Southaven, MS 38671

Amount Given: 1,000.

Class of Activity: Educational  
Donee's Name: Northwest Mississippi Community College  
Donee's Address: 4975 Highway 51 North  
Senatobia, MS 38668

Amount Given: 500.

Class of Activity: Religious  
Donee's Name: Emmaus Community Church  
Donee's Address: 120 Tate Street  
Senatobia, MS 38668

Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

|                    |  |           |
|--------------------|--|-----------|
| Amount Given:      |  | \$ 9,500. |
| Class of Activity: | Charitable                                   |           |
| Donee's Name:      | Northwest MS Regional Med Ctr                |           |
| Donee's Address:   | 1970 Hospital Drive<br>Clarksdale, MS 38614  |           |
| Amount Given:      |  | 5,000.    |
| Class of Activity: | Charitable                                   |           |
| Donee's Name:      | Tunica County Government                     |           |
| Donee's Address:   | P.O. Box 639<br>Tunica, MS 38676             |           |
| Amount Given:      |  | 5,000.    |
| Class of Activity: | Educational                                  |           |
| Donee's Name:      | DeSoto Co Fd for Excellence in Education     |           |
| Donee's Address:   | 316 W. Commerce Street<br>Hernando, MS 38632 |           |
| Amount Given:      |  | 2,500.    |
| Class of Activity: | Charitable                                   |           |
| Donee's Name:      | Olive Branch Family YMCA                     |           |
| Donee's Address:   | 8555 Goodman Road<br>Olive Branch, MS 38654  |           |
| Amount Given:      |  | 75,000.   |
| Class of Activity: | Educational -Scholarship                     |           |
| Donee's Name:      | Meagan Bennett                               |           |
| Donee's Address:   | 2671 Williamsburg Lane<br>Hernando, MS 38632 |           |
| Amount Given:      |  | 1,000.    |
| Class of Activity: | Educational -Scholarship                     |           |
| Donee's Name:      | Amber Reaves                                 |           |
| Donee's Address:   | 1225 Highway 51 South<br>Hernando, MS 38632  |           |
| Amount Given:      |  | 1,000.    |
| Class of Activity: | Educational                                  |           |
| Donee's Name:      | Eva Covington Head Start                     |           |
| Donee's Address:   | P.O. Box 128<br>Charleston, MS 38921         |           |
| Amount Given:      |  | 5,000.    |
| Class of Activity: | Educational -Scholarship                     |           |
| Donee's Name:      | Jenna McCarty                                |           |
| Donee's Address:   | 3290 Shady Hill Drive<br>Hernando, MS 38632  |           |
| Amount Given:      |  | 500.      |
| Class of Activity: | Educational                                  |           |
| Donee's Name:      | South Panola School District                 |           |
| Donee's Address:   | 209 Boothe Street<br>Batesville, MS 38606    |           |



Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 5,000.

Class of Activity: Charitable  
Donee's Name: DeSoto Athletic Club  
Donee's Address: 3146 Goodman Road  
Southaven, MS 38671

Amount Given: 9,500.

Class of Activity: Charitable  
Donee's Name: Partnership for a Healthy MS  
Donee's Address: 617 Renaissance Way  
Ridgeland, MS 39157

Amount Given: 806.

Class of Activity: Charitable  
Donee's Name: Quitman Co Development Org  
Donee's Address: P.O. Box 3386  
Marks, MS 38646

Amount Given: 8,750.

Class of Activity: Educational  
Donee's Name: Coahoma Co Education Found  
Donee's Address: P.O. Box 1414  
Clarksdale, MS 38614

Amount Given: 5,000.

Class of Activity: Educational  
Donee's Name: Coahoma Co Ag HS  
Donee's Address: 3240 Friars Point Road  
Clarksdale, MS 38614

Amount Given: 500.

Class of Activity: Educational  
Donee's Name: Coahoma Co School District  
Donee's Address: P.O. Box 820  
Clarksdale, MS 38614

Amount Given: 500.

Class of Activity: Educational  
Donee's Name: Clarksdale Muni School District  
Donee's Address: P.O. Box 1088  
Clarksdale, MS 38614

Amount Given: 700.

Class of Activity: Charitable  
Donee's Name: DeSoto Family Theatre  
Donee's Address: 8710 Northwest Drive, Suite 202  
Southaven, MS 38671

Amount Given: 1,003.

Class of Activity: Educational  
Donee's Name: South Panola School District  
Donee's Address: 209 Boothe Street  
Batesville, MS 38606

Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

|                    |  |           |
|--------------------|--|-----------|
| Amount Given:      |  | \$ 4,226. |
| Class of Activity: | Charitable                                     |           |
| Donee's Name:      | The Food Bank                                  |           |
| Donee's Address:   | 239 South Dudley<br>Memphis, TN 38104          |           |
| Amount Given:      |  | 1,500.    |
| Class of Activity: | Educational                                    |           |
| Donee's Name:      | PREPS  |           |
| Donee's Address:   | P.O. Box 5365<br>Mississippi State, MS 39762   |           |
| Amount Given:      |  | 250.      |
| Class of Activity: | Educational                                    |           |
| Donee's Name:      | Rest Haven Restaurant                          |           |
| Donee's Address:   | 419 S. State Street<br>Clarksdale, MS 38614    |           |
| Amount Given:      |  | 300.      |
| Class of Activity: | Educational                                    |           |
| Donee's Name:      | Clarksdale HS Culinary Arts Prg                |           |
| Donee's Address:   | P.O. Box 1088<br>Clarksdale, MS 38614          |           |
| Amount Given:      |  | 500.      |
| Class of Activity: | Educational                                    |           |
| Donee's Name:      | FROG, Inc.                                     |           |
| Donee's Address:   | P.O. Box 160<br>Clarksdale, MS 38614           |           |
| Amount Given:      |  | 500.      |
| Class of Activity: | Educational                                    |           |
| Donee's Name:      | First Regional Library                         |           |
| Donee's Address:   | 370 W. Commerce Street<br>Hernando, MS 38632   |           |
| Amount Given:      |  | 3,000.    |
| Class of Activity: | Charitable                                     |           |
| Donee's Name:      | DeSoto Civic Center                            |           |
| Donee's Address:   | 4560 Venture Drive<br>Southaven, MS 38671      |           |
| Amount Given:      |  | 1,386.    |
| Class of Activity: | Charitable                                     |           |
| Donee's Name:      | American Liver Foundation                      |           |
| Donee's Address:   | 1010 June Road, Suite 101<br>Memphis, TN 38119 |           |
| Amount Given:      |  | 15,359.   |
| Class of Activity: | Charitable                                     |           |
| Donee's Name:      | Olive Branch Heroes Fund                       |           |
| Donee's Address:   | P.O. Box 5071<br>Bolingbrook, IL 60440         |           |

Statement 5 (continued)  
Form 990, Part II, Line 22b  
Other Grants and Allocations

Cash Grants and Allocations

Amount Given: \$ 952.

Total Grants and Allocations \$ 310,392.

Statement 6  
Form 990, Part II, Line 43  
Other Expenses

|                         | (A)<br><u>Total</u> | (B)<br><u>Program<br/>Services</u> | (C)<br><u>Management<br/>&amp; General</u> | (D)<br><u>Fundrai si ng</u> |
|-------------------------|---------------------|------------------------------------|--|-----------------------------|
| ADVERTISING             | 1,879.              | 1,033.                             | 376.                                       | 470.                        |
| BANK CHARGES            | 351.                | 193.                               | 70.  | 88.                         |
| CONTINUING EDUCATION    | 7,251.              | 3,988.                             | 1,450.                                     | 1,813.                      |
| DUES AND SUBSCRIPTIONS  | 1,567.              | 862.                               | 313.                                       | 392.                        |
| LIABILITY INSURANCE     | 1,776.              | 977.                               | 355.                                       | 444.                        |
| Miscellaneous Expense   | 5,453.              | 2,999.                             | 1,091.                                     | 1,363.                      |
| OFFICE SUPPLIES         | 26,655.             | 14,660.                            | 5,331.                                     | 6,664.                      |
| OTHER PROFESSIONAL FEES | 1,600.              | 880.                               | 336.                                       | 384.                        |
| PROGRAM EXPENSES        | 167,836.            | 167,836.                           |  |                             |
| Repairs and Maintenance | 191.                | 105.                               | 38.  | 48.                         |
| Total                   | <u>\$ 214,559.</u>  | <u>\$ 193,533.</u>                 | <u>\$ 9,360.</u>                           | <u>\$ 11,666.</u>           |

Statement 7  
Form 990, Part III  
Organization's Primary Exempt Purpose

The Foundation's purpose is to provide a flexible, tax-deductible vehicle to meet the needs of donors and philanthropists in Northwest Mississippi and stimulate the establishment of permanently endowed funds that will serve the citizens and non-profit organizations of Northwest Mississippi both now and in the future.

Statement 8  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

| <u>Description</u>   | <u>Grants and<br/>Allocations</u> | <u>Program<br/>Service<br/>Expenses</u> |
|--|-----------------------------------|---|
| THE FOUNDATION'S PRIMARY PROGRAM IS TO ADMINISTER DONOR ADVISED, DESIGNATED AND FIELD OF INTEREST FUNDS. TO ACCOMPLISH THIS WORK, THE FOUNDATION RECEIVES AND ACCEPTS PROPERTY TO BE USED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES, PRIMARILY IN AND FOR THE BENEFIT OF RESIDENTS OF THE NORTHWEST MISSISSIPPI REGION. |                                   |   |

Statement 8 (continued)  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

| Description  | Grants and<br>Allocations | Program<br>Service<br>Expenses |
|--|---------------------------|--------------------------------|
| DONOR ADVISED FUNDS SUPPORT A HOME FOR ABUSED CHILDREN, A HOME FOR MENTALLY CHALLENGED ADULTS, YOUTH SPORTS, INNOVATIVE EARLY CHILDHOOD EDUCATION, ADOLESCENT OFFENDER REHABILITATION, TECHNOLOGY FOR PUBLIC SCHOOLS, COLLEGES AND OTHER CHARITABLE WORK.<br><p style="text-align: right;">Includes Foreign Grants: No</p>   | 328,452.                  | 351,549.                       |
| DESIGNATED FUNDS CREATED AND SUSTAIN A VOLUNTEER CENTER IN COLLABORATION WITH THE MISSISSIPPI COMMISSION ON VOLUNTEER SERVICE TO CONNECT RESIDENTS AND NONPROFITS THROUGHOUT NORTHWEST MISSISSIPPI. THE COMMUNITY FOUNDATION ALSO LED A SUCCESSFUL HEALTH PROGRAM PARTNERSHIP FOR A HEALTHY MISSISSIPPI: DESOTO AND TATE COUNTIES TO DISCOURAGE TOBACCO USED BY CHILDREN AND YOUTH. DESIGNATED FUNDS ALSO SUPPORT HEALTH CARE FOR UNINSURED RESIDENTS, MEDICAL RESEARCH, A COUNTYWIDE PRAYER COUNCIL, A COMMUNITY THEATRE, HISTORIC PRESERVATION AND OTHER CHARITABLE WORK.<br><p style="text-align: right;">Includes Foreign Grants: No</p>                                       | 99,801.                   | 158,619.                       |
| FIELD OF INTEREST FUNDS SUPPORT THE FOUNDATION'S REGIONAL EFFORT TO REDUCE CHILDHOOD OBESITY IN COOPERATION WITH SCHOOLS, CHURCHES AND OTHER LOCAL INSTITUTIONS. THE EFFORT INCLUDES A DIVERSE, ORGANIZED HEALTH COUNCIL IN EACH OF EIGHT COUNTIES THAT DEVELOPS AND IMPLEMENTS A PLACE-BASED ACTION PLAN. THE FIELD OF INTEREST GRANTS ALSO SUPPORT THE FIRST REGIONAL LIBRARY EARLY CHILDHOOD EDUCATION PROGRAM, YOUTH FINANCIAL LITERACY EDUCATION IN QUITMAN COUNTY PUBLIC SCHOOLS, CREATION OF A WRITING/SPEAKING INSTITUTE FOR COAHOMA COUNTY PUBLIC SCHOOL STUDENTS AND OTHER INNOVATIVE, CHARITABLE WORK.<br><p style="text-align: right;">Includes Foreign Grants: No</p> | 104,224.                  | 210,299.                       |
| THE FOUNDATION ALSO ADMINISTERS SCHOLARSHIP FUNDS IN ACCORDANCE WITH ITS ESTABLISHED POLICIES AND PROCEDURES.<br><p style="text-align: right;">Includes Foreign Grants: No</p>   | 1,238.                    | 5,204.                         |
| THE FOUNDATION MAKES GRANTS FROM ITS UNRESTRICTED FUNDS WITH PRIORITIES OF EDUCATION, HEALTH AND YOUNG PEOPLE.<br><p style="text-align: right;">Includes Foreign Grants: No</p>  | 105,129.                  | 303,719.                       |
|  | <u>\$ 638,844.</u>        | <u>\$ 1,029,390.</u>           |

Statement 9  
Form 990, Part IV, Line 54a  
Investments - Publicly Traded Securities

Publicly Traded Securities \$ 3,319,085.

Statement 10  
Form 990, Part IV, Line 55b  
Investments - Land, Buildings, and Equipment

| Category                 | Basi s           | Accum.<br>Deprec. | Book<br>Val ue   |
|--------------------------|------------------|-------------------|------------------|
| Machi nery and Equipment | \$ 4,382.        | \$ 1,910.         | \$ 2,472.        |
| Total                    | <u>\$ 4,382.</u> | <u>\$ 1,910.</u>  | <u>\$ 2,472.</u> |

Statement 11  
Form 990, Part IV, Line 56  
Investments - Other

| Description of Investment       | Val uati on<br>Method | Book<br>Val ue     |
|---------------------------------|-----------------------|--------------------|
| PARTNERSHI P INTEREST CFNM, LLC | Cost                  | \$ 872,000.        |
|                                 | Total                 | <u>\$ 872,000.</u> |

Statement 12  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

| Category | Basi s             | Accum.<br>Deprec. | Book<br>Val ue     |
|----------|--------------------|-------------------|--------------------|
| Land     | \$ 208,600.        |                   | \$ 208,600.        |
| Total    | <u>\$ 208,600.</u> | <u>\$ 0.</u>      | <u>\$ 208,600.</u> |

Statement 13  
Form 990, Part IV-A, Line b(4)  
Other Amounts

|                                      |                    |
|--------------------------------------|--------------------|
| Di rect fundrai si ng expenses ..... | \$ 103,697.        |
| Total                                | <u>\$ 103,697.</u> |

Statement 14  
Form 990, Part IV-B, Line b(4)  
Other Amounts

|                                      |                    |
|--------------------------------------|--------------------|
| Di rect fundrai si ng expenses ..... | \$ 103,697.        |
| Total                                | <u>\$ 103,697.</u> |

Statement 15  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

| Name and Address   | Title and<br>Average Hours<br>Per Week Devoted | Compen-<br>sation | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|--|--|-------------------|----------------------------------|------------------------------|
| TOM PITTMAN<br>1350 FORREST LAKE COVE<br>HERNANDO, MS 38632        | Presi dent<br>50.00                            | \$ 115,986.       | \$ 0.                            | \$ 0.                        |
| DR. ROBERT SEYMOUR<br>460 BYHALIA ROAD<br>HERNANDO, MS 38632       | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |
| DOUG THORNTON<br>434 NORTH STREET<br>HERNANDO, MS 38632            | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |
| LYNDA AUSTIN<br>8000 AUSTIN ROAD<br>LAKE CORMORANT, MS 38641       | Chai rman<br>0.50                              | 0.                | 0.                               | 0.                           |
| PAT NELSON<br>P. O. BOX 246<br>SOUTHAVEN, MS 38671                 | Vi ce Chai rman<br>0.50                        | 0.                | 0.                               | 0.                           |
| ROB TYNER<br>P. O. BOX 755<br>LYON, MS 38645                       | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |
| MI KE ANDERSON<br>4293 TRUMPI NGTON COVE<br>SOUTHAVEN, MS 38671    | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |
| MARY LEE BROWN<br>P. O. BOX276<br>HERNANDO, MS 38632               | Treasurer<br>0.50                              | 0.                | 0.                               | 0.                           |
| CYNTHI A WARE<br>8937 SWEET FLAG LOOP<br>SOUTHAVEN, MS 38671       | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |
| VERNON SIMPSON<br>3099 HI GHWAY 301 N<br>LAKE CORMORANT, MS 38641  | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |
| BARBARA SMI TH<br>4096 DAWKI NS FARM RD<br>OLI VE BRANCH, MS 38654 | Secretary<br>0.50                              | 0.                | 0.                               | 0.                           |
| WAYNE BARTLEY<br>4314 REBELAJ DRIVE<br>OLI VE BRANCH, MS 38654     | Di rector<br>0.25                              | 0.                | 0.                               | 0.                           |

Statement 15 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

| Name and Address   | Title and<br>Average Hours<br>Per Week Devoted | Compen-<br>sation  | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|--|--|--------------------|----------------------------------|------------------------------|
| JIM FLANAGAN<br>8 CROCKETT LOOP E.<br>HERNANDO, MS 38632 | Director<br>0.25                               | \$ 0.              | \$ 0.                            | \$ 0.                        |
| Total  |  | <u>\$ 115,986.</u> | <u>\$ 0.</u>                     | <u>\$ 0.</u>                 |

Statement 16  
Form 990, Part VIII  
Relationship of Activities to the Accomplishment of Exempt Purposes

| Line # | Explanation of Activities   |
|--------|---|
| 93A    | Income from the provision of administrative services to carry out the Foundation's exempt purpose of administering and overseeing charitable donor advised funds. |
| 101    | Crystal Ball Special Event to communicate the mission of CFNM and encourage endowed fund giving.  |

Statement 17  
Form 990, Part XI, Line 106  
Transfers to Controlled Entity

| Controlled Entity<br>Name and Address                | Federal<br>EIN | Description<br>of Transfer   | Amount<br>of Transfer |
|--|----------------|--|-----------------------|
| CFNM, LLC<br>321 LOSHER STREET<br>HERNANDO, MS 38632 | 26-1557749     | CFNM formed CFNM, LLC on 12/11/07 and transferred 872,000 to it for the purchase of real estate. | 872,000.              |
| Total  |                |  | <u>\$ 872,000.</u>    |

Statement 18  
Schedule A, Part I  
Compensation of Five Highest Paid Employees

| Name and Address   | Title & Average<br>Hours Worked | Compen-<br>sation | Contri but.<br>EBP & DC | Expense<br>Account |
|--|---------------------------------|-------------------|-------------------------|--------------------|
| Peggy Linton<br>6199 Rolling Hills Drive<br>Olive Branch, MS 38654 | Comm. Dev. Dir.<br>50.00        | 54,660.           | 9,600.                  | 0.                 |
| Total  |                                 | <u>\$ 54,660.</u> | <u>\$ 9,600.</u>        | <u>\$ 0.</u>       |

Statement 19  
Schedule A, Part III, Line 3a  
Qualifications of Recipients Receiving Grants or Loans

The Foundation operates under the IRS guidelines in determining scholarship recipients. A donor or advisor does not control the scholarship selection process. A selection committee is formed to determine the most qualified candidates in accordance with established criteria. Documentation is retained to show how the recipients were selected and the terms under which the gift was made. All scholarships are publicized in an appropriate manner to ensure that eligible individuals are reasonably informed of its availability. Scholarship recipients are screened to ensure that distributions are not made for the benefit of disqualified persons.