

Return of Organization Exempt From Income Tax

2008

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning _____, 2008, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI 315 LOSHER STREET #100 HERNANDO, MS 38632	D Employer Identification Number 94-3421724 E Telephone number 662-449-5002 G Gross receipts \$ 4,607,641.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) H (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number G	
J Website: G CFNM.ORG		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other G	
L Year of formation: 2002		M State of legal domicile: MS	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>THE COMMUNITY FOUNDATION'S MISSION IS TO CATALYZE POSITIVE CHANGE BY PROVIDING RESOURCES AND LEADERSHIP TO THE EIGHT-COUNTY NORTHWEST MISSISSIPPI'S CITIZENS AND NONPROFIT ORGANIZATIONS; TO PROVIDE A FLEXIBLE, TAX-DEDUCTIBLE VEHICLE TO MEET THE NEEDS OF DONORS AND</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> G if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of employees (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,333,861.	Current Year 4,201,324.
	9 Program service revenue (Part VIII, line 2g)	27,682.	89,957.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,979.	-37,522.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,466.	54,177.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,636,804.	4,307,936.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	638,844.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		298,449.	382,562.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) G 112,989.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		274,316.	285,390.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,211,609.	2,026,864.	
19 Revenue less expenses. Subtract line 18 from line 12.	3,425,195.	2,281,072.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 5,809,492.	End of Year 7,506,459.
	21 Total liabilities (Part X, line 26)	5,804.	155,967.
	22 Net assets or fund balances. Subtract line 21 from line 20.	5,803,688.	7,350,492.

Part II Signature Block

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

Sign Here	G _____ Signature of officer	_____ Date	
	G TOM PITTMAN Type or print name and title.	PRESIDENT	

Paid Preparer's Use Only	Preparer's signature G ROXIE F. NORRIS	Date _____	Check if self-employed <input type="checkbox"/> G Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 G WILLIAMS, PITTS & BEARD, PLLC 2042 MCINGVALE RD STE A HERNANDO, MS 38632-8706	EIN G N/A	Phone no. G (662) 429-4436

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,602,020. including grants of \$ 1,338,338.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 168,943. including grants of \$ 12,150.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 29,922. including grants of \$ 16,149.) (Revenue \$)

SEE SCHEDULE O

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses G \$ 1,800,885. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....	37	X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	9		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	6		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
4b	If 'Yes,' enter the name of the foreign country: G _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11a			
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
12b			

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

Section A. Governing Body and Management

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9 a	Does the organization have local chapters, branches, or affiliates?	X	
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies

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

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed G MS
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
G TOM PITTMAN 315 LOSHER STREET, SUITE 100 HERNANDO MS 38632 662-449-5002

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

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

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

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

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

? List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM PITTMAN PRESIDENT	50	X		X	X			119,163.	0.	0.
DR. ROBERT SEYMOUR DIRECTOR	0.25	X						0.	0.	0.
DOUG THORNTON DIRECTOR	0.25	X						0.	0.	0.
LYNDA AUSTIN DIRECTOR	0.25	X						0.	0.	0.
PAT NELSON CHAIRMAN	0.5	X		X				0.	0.	0.
ROB TYNER DIRECTOR	0.25	X						0.	0.	0.
MIKE ANDERSON TREASURER	0.5	X		X				0.	0.	0.
MARY LEE BROWN SECRETARY	0.5	X		X				0.	0.	0.
CYNTHIA WARE DIRECTOR	0.25	X						0.	0.	0.
GREG TAYLOR DIRECTOR	0.25	X						0.	0.	0.
BARBARA SMITH VICE CHAIRMAN	0.5	X		X				0.	0.	0.
WAYNE BARTLEY DIRECTOR	0.25	X						0.	0.	0.
JIM FLANAGAN DIRECTOR	0.25	X						0.	0.	0.
JACKIE FRANKLIN DIRECTOR	0.25	X						0.	0.	0.
GEORGE COSSAR III DIRECTOR	0.25	X						0.	0.	0.
WILLIAM L. PRIDE, JR. DIRECTOR	0.25	X						0.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	59,309.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,142,015.			
	g Noncash contribns included in lns 1a-1f:		\$ 822,493.			
	h Total. Add lines 1a-1f.	G	4,201,324.			
PROGRAM SERVICE REVENUE	2a <u>ADMINISTRATIVE FEES</u>	Business Code	89,957.	89,957.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f.	G	89,957.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	G	146,467.		
4 Income from investment of tax-exempt bond proceeds		G				
5 Royalties		G				
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		G				
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other		25,000.		
b Less: cost or other basis and sales expenses				208,989.		
c Gain or (loss)				-183,989.		
d Net gain or (loss)		G		-183,989.		-183,989.
8a Gross income from fundraising events (not including \$ 59,309. of contributions reported on line 1c). See Part IV, line 18		a		144,893.		
b Less: direct expenses		b		90,716.		
c Net income or (loss) from fundraising events		G		54,177.	54,177.	
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities		G				
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	G					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d.	G					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	G		4,307,936.	144,134.	0.	-37,522.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	1,358,912.	1,358,912.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	119,163.	71,498.	23,833.	23,832.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)).	0.	0.	0.	0.
7 Other salaries and wages.	235,477.	141,287.	47,095.	47,095.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	27,922.	16,754.	5,584.	5,584.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.	5,000.	3,000.	1,000.	1,000.
13 Office expenses.	24,631.	14,779.	4,926.	4,926.
14 Information technology.				
15 Royalties.				
16 Occupancy.	16,532.	9,920.	3,306.	3,306.
17 Travel.	23,185.	13,911.	4,637.	4,637.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,866.	1,120.	373.	373.
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM EXPENSES	102,995.	102,995.		
b OTHER PROFESSIONAL FEES	68,894.	41,336.	13,779.	13,779.
c CONTINUING EDUCATION	22,293.	13,375.	4,459.	4,459.
d REPAIRS AND MAINTENANCE	8,779.	5,267.	1,756.	1,756.
e POSTAGE AND SHIPPING	4,166.	2,500.	833.	833.
f All other expenses.	7,049.	4,231.	1,409.	1,409.
25 Total functional expenses. Add lines 1 through 24f.	2,026,864.	1,800,885.	112,990.	112,989.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash - non-interest-bearing	25.	1	25.	
	2	Savings and temporary cash investments	16,386.	2	1,119,179.	
	3	Pledges and grants receivable, net	1,390,924.	3	1,772,507.	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost basis	10a	800,868.		
		b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	3,776.	10c	797,092.
	11	Investments - publicly-traded securities	3,319,085.	11	2,945,656.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	872,000.	15	872,000.	
16	Total assets. Add lines 1 through 15 (must equal line 34).	5,809,492.	16	7,506,459.		
LIABILITIES	17	Accounts payable and accrued expenses	5,804.	17	24,313.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities. Complete Part X of Schedule D		25	131,654.	
	26	Total liabilities. Add lines 17 through 25.	5,804.	26	155,967.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	799,704.	27	7,350,492.	
	28	Temporarily restricted net assets	713,391.	28		
	29	Permanently restricted net assets	4,290,593.	29		
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, and equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances.	5,803,688.	33	7,350,492.		
34	Total liabilities and net assets/fund balances.	5,809,492.	34	7,506,459.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	252,240.	532,465.	1,504,712.	1,413,970.	891,676.	4,595,063.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.
4 Total. Add lines 1-3.	252,240.	532,465.	1,504,712.	1,413,970.	891,676.	4,595,063.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						79,817.
6 Public support. Subtract line 5 from line 4.						4,515,246.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	252,240.	532,465.	1,504,712.	1,413,970.	891,676.	4,595,063.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,318.	13,830.	44,504.	140,979.	-37,522.	164,109.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						4,759,172.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						G <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	94.9 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	92.4 %
16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" type="checkbox"/>	
b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	G <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule of Contributors

G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

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

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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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 answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST

94-3421724

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MADDOX FOUNDATION ----- 180 WEST COMMERCE STREET ----- HERNANDO, MS 38632 -----	\$ 1,031,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CHARLES BOONE ----- 3501 CHAMBERS CHAPEL ROAD ----- ARLINGTON, TN 38133 -----	\$ 86,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ROBERT WOOD JOHNSON FOUNDATION ----- P. O. BOX 2316 ----- PRINCETON, NJ 08543 -----	\$ 218,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE PHIL HARDIN FOUNDATION ----- 1921 24TH AVENUE ----- MERIDIAN, MS 39301 -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ANDY CALLICUTT ----- 127 E VAN DORN AVE ----- HOLLY SPRINGS, MS 38635 -----	\$ 700,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	W K KELLOGG FOUNDATION ----- ONE MICHIGAN AVENUE EAST ----- BATTLE CREEK, MI 49017 -----	\$ 703,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SISTERS OF THE HOLY NAMES OF JESUS P O BOX 398 MARYLHURST, OR 97036	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	TEACH FOR AMERICA 315 WEST 36TH ST 6TH FLOOR NEW YORK, NY 10018	\$ 233,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	LAND	\$ 700,000.	
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

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) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST

94-3421724

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d showing total number of conservation easements, total acreage, and number of easements on certified historic structures.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year G
4 Number of states where property subject to conservation easement is located G
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year G
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year G
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,271,837.				
b Contributions	499,797.				
c Investment earnings or losses	-633,624.				
d Grants or scholarships	38,544.				
e Other expenditures for facilities and programs	1,272.				
f Administrative expenses	48,452.				
g End of year balance	4,049,742.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment G 100.00 %
 - b Permanent endowment G _____ %
 - c Term endowment G _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		790,000.		790,000.
b Buildings				
c Leasehold improvements				
d Equipment		10,868.	3,776.	7,092.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) G				797,092.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,307,936.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,026,864.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	2,281,072.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	2,281,072.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	4,582,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) SEE PART XI.V	2d	90,716.
	e Add lines 2a through 2d	2e	90,716.
3	Subtract line 2e from line 1	3	4,491,925.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) SEE PART XI.V	4b	-183,989.
	c Add lines 4a and 4b	4c	-183,989.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,307,936.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,301,569.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV) SEE PART XI.V	2d	274,705.
	e Add lines 2a through 2d	2e	274,705.
3	Subtract line 2e from line 1	3	2,026,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,026,864.

Part XIV Supplemental Information

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

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SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI

94-3421724

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

DI RECT FUNDRAI SI NG EXPENSES	\$	90,716.
TOTAL	\$	<u>90,716.</u>

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

LOSS ON DI SPOSI TI ON OF ASSET	\$	-183,989.
TOTAL	\$	<u>-183,989.</u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

DI RECT FUNDRAI SI NG EXPENSES	\$	90,716.
LOSS ON DI SPOSI TI ON OF ASSET		183,989.
TOTAL	\$	<u>274,705.</u>

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		CRYSTAL BALL (event type)	(event type)	(total number)		
REVENUE	1	Gross receipts	204,202.		204,202.	
	2	Less: Charitable contributions	59,309.		59,309.	
	3	Gross revenue (line 1 minus line 2)	144,893.		144,893.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	90,716.		90,716.	
	8	Direct expense summary. Add lines 4- through 7 in column (d)				G 90,716.
	9	Net income summary. Combine lines 3 and 8 in column (d)				G 54,177.

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

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

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

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility.....	13 a	%
b	An outside facility.....	13 b	%
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: G _____		
	Address: G _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....	15 a	
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
c	If 'Yes,' enter name and address:		
	Name: G _____		
	Address: G _____		
16	Gaming manager information		
	Name: G _____		
	Gaming manager compensation G \$ _____		
	Description of services provided: G _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....	17 a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____		

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

G Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
G Attach to Form 990.

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST

Employer identification number

94-3421724

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. G

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENDIUM FOUNDATION/TIDES CENTER 167 S TOWNSHIP ROAD PATASKALA, OH 43062	94-3213100		30,000.	0.			CREATE WEBSI TE FOR TEACHERS
COLONIAL HILLS CHURCH 7701 HIGHWAY 51 N. SOUTHAVEN, MS 38671	64-0465865		64,515.	0.			HEALTH EDUCATI ON
DESOTO ARTS COUNCIL 660 WEST COMMERCE ST HERNANDO, MS 38632	64-0903117		7,500.	0.			ART EDUCATI ON
DESOTO CIVIC CENTER 4560 VENTURE DRIVE SOUTHAVEN, MS 38671	72-1352162		11,764.	0.			COMMUNI TY DEVELOPMENT
DESOTO COUNTY FD FOR EXCELLENCE IN EDU 316 W COMMERCE STREET HERNANDO, MS 38632	58-1927983		6,787.	0.			EDUCATI ON
DESOTO COUNTY SCHOOLS 5 E SOUTH STREET HERNANDO, MS 38632	64-6000320		55,250.	0.			EDUCATI ON
DESOTO HEALTH & WELLNESS CENTER 8889 NORTHWEST DRIVE SOUTHAVEN, MS 38671	30-0399758		30,808.	0.			HEALTH
FIRST PRESBYTERIAN CHURCH 1455 MCINGVALE ROAD HERNANDO, MS 38632	64-0691428		9,000.	0.			COMMUNI TY DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations G 24

3 Enter total number of other organizations G 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED
 THE COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI IS COMMITTED TO INSURING THAT ALL
 GRANT FUNDS ARE USED FOR CHARITABLE PURPOSES. DUE DILIGENCE WILL CONSIST, AT A
 MINIMUM, OF SECURING A GRANT APPLICANT'S:
 1. 501(C)3 DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (UNLESS A
 GOVERNMENTAL BODY);
 2. CERTIFICATE OF REGISTRATION AS A CHARITABLE ORGANIZATION WITH THE MISSISSIPPI
 SECRETARY OF STATE (IF APPLICABLE);
 3. MOST RECENT IRS FORM 990 IF MORE THAN \$25,000 REVENUE, OR ANNUAL FINANCIAL
 STATEMENT IF LESS THAN \$25,000.
 4. LIST OF CURRENT BOARD MEMBERS.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

AS GRANTS ARE AWARDED, THE COMMUNITY FOUNDATION REQUIRES THE GRANT RECIPIENT TO SIGN AND RETURN A LETTER COMMITTING TO USE THE GRANT FUNDS AS DESCRIBED IN THE GRANT APPLICATION AND THE LETTER. THE COMMUNITY FOUNDATION ALSO PERFORMS SITE VISITS AND REQUIRES FINAL REPORTS ON GRANTS FOR SPECIFIC PROGRAMS.

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

G Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST

Employer identification number

94-3421724

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST REGIONAL LIBRARY 370 W COMMERCE STREET HERNANDO, MS 38632	64-6001406		11,486.				EDUCATION
HEART'S DESIRE THERAPEUTIC RIDING P O BOX 466 SENATOBI A, MS 38668	64-0934158		31,000.				HEALTH
HERNANDO UNITED METHODIST CHURCH 1890 MT PLEASANT ROAD HERNANDO, MS 38632	64-0562848		22,100.				COMMUNITY DEVELOPMENT
HERNANDO YOUTH SPORTS 2470 HIGHWAY 51 HERNANDO, MS 38632	72-1398030		58,200.				YOUTH SPORTS
KING'S COURT, INC. 11815 MILLER STREET OLIVE BRANCH, MS 38654	62-1580746		7,181.				YOUTH SPORTS
LIVING WATERS OF HONDURAS MISSION P O BOX 591 HORN LAKE, MS 38637	47-0866602		65,940.				HEALTH
MS DISTRICT CHURCH OF NAZARENE 509 SPRINGRIDGE ROAD, SUITE L CLINTON, MS 39056	64-6156244		16,390.				HEALTH
OLIVE BRANCH FAMILY YMCA 8555 GOODMAN OLIVE BRANCH, MS 38654	62-0476304		50,000.				DHS GRANT
PALMER HOME FOR CHILDREN P O BOX 929 HERNANDO, MS 38632	64-0334999		121,611.				HUMAN SERVICES

2 Enter total number of Section 501(c)(3) and government organizations G

3 Enter total number of other organizations G

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

G Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST

Employer identification number

94-3421724

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS FOR PUBLIC SCHOOLS 3252 NORTH STATE STREET JACKSON, MS 39201	64-0806908		540,041.				EDUCATION
PREPS P O BOX 5365 MISSISSIPPI STATE, MS 39762	64-0697153		5,467.				EDUCATION
QUITMAN COUNTY DEVELOPMENT ORG., P O BOX 386 MARKS, MS 38546	64-0629668		15,075.				EDUCATION & COMMUNITY DEVELOPMENT
RHODES COLLEGE 2000 N PARKWAY MEMPHIS, TN 38112	62-0476301		11,000.				EDUCATION
TUNICA CO COMMUNITY DEV COALITION P O BOX 1402 TUNICA, MS 38676	64-0814239		8,000.				EDUCATION - YOUTH LEADERSHIP
WARRIOR INDUSTRIES CENTER P O BOX 1351 SOUTHAVEN, MS 38671	30-0057701		24,338.				HUMAN SERVICES
WEST TALLAHATCHIE HABITAT FOR HUMANS P O BOX 448 TUTWILER, MS 38963	64-0706983		11,689.				COMMUNITY DEVELOPMENT

2 Enter total number of Section 501(c)(3) and government organizations G _____
 3 Enter total number of other organizations G _____

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No. 1545-0047

2008

G To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.

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Department of the Treasury
Internal Revenue Service

G Attach to Form 990.

Name of the organization **COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI**

Employer identification number
94-3421724

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art' Works of art				
2 Art' Historical treasures				
3 Art' Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities' Publicly traded	X	1	32,493.	
10 Securities' Closely held stock				
11 Securities' Partnership, LLC, or trust interests				
12 Securities' Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate' Residential				
16 Real estate' Commercial				
17 Real estate' Other	X	3	790,000.	
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other G (_____)				
26 Other G (_____)				
27 Other G (_____)				
28 Other G (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If 'Yes,' describe in Part II. SEE PART II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

G Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
G See separate instructions.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number

94-3421724

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
CFNM, LLC 315 LOSHER, SUITE 100 HERNANDO, MS 38632 26-1557749	INVESTMENT	MS	N/A	INVESTMENT	0.	872,000.		X	0.	X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Department of the Treasury
Internal Revenue Service

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

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Name of the organization COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI

Employer identification number
94-3421724

FORM 990, PART III, LINE 4A, CONTINUED

13. STARTING A BOOKS ON WHEELS PROGRAM THAT REGULARLY TOOK RESOURCES AND TRAINING TO
MORE THAN 30 EARLY CHILD CARE CENTERS THROUGHOUT FIVE COUNTIES IN COOPERATION WITH
THE FIRST REGIONAL LIBRARY EARLY CHILDHOOD RESOURCE AND REFERRAL CENTER.

14. SUPPORTED A MINISTRY TO MEN WHO ARE REHABILITATING FROM ALCOHOL OR DRUG ABUSE.

15. ASSISTED A NON-PROFIT PRIMARY HEALTH CLINIC THAT PROVIDED FREE AND REDUCED-FEE
CARE FOR 5,000 PATIENTS

16. ESTABLISHED AN INSTITUTE FOR COMMUNITY PLANNING THROUGHOUT NORTH MISSISSIPPI

17. PROVIDED COLLEGE SCHOLARSHIPS FOR 8 STUDENTS

18. HELPED TO ESTABLISH PERMANENT HOME FOR A THERAPEUTIC RIDING CENTER THAT ASSISTS
CHILDREN WITH DISABILITIES AND TROUBLED TEENAGERS

19. PROVIDED SUPPORT FOR CONSTRUCTION OF HABITAT FOR HUMANITY HOUSE

20. SUPPORTED YOUTH SPORTS PROGRAM IN HERNANDO

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE COMMUNITY FOUNDATION'S MISSION IS TO CATALYZE POSITIVE CHANGE BY PROVIDING
RESOURCES AND LEADERSHIP TO THE EIGHT-COUNTY NORTHWEST MISSISSIPPI'S CITIZENS AND
NONPROFIT ORGANIZATIONS; TO PROVIDE A FLEXIBLE, TAX-DEDUCTIBLE VEHICLE TO MEET THE
NEEDS OF DONORS AND PHILANTHROPISTS IN NORTHWEST MISSISSIPPI, WHO MAY HAVE VARIED
CHARITABLE INTERESTS; TO STIMULATE THE ESTABLISHMENT OF PERMANENTLY ENDOWED FUNDS
THAT WILL SERVE THE CITIZENS AND NONPROFIT ORGANIZATIONS OF NORTHWEST MISSISSIPPI
BOTH NOW AND IN THE FUTURE; AND TO LEVERAGE PHILANTHROPIC DOLLARS FROM NORTHWEST
MISSISSIPPI WITH FUNDS FROM OTHER SOURCES, SUCH AS PRIVATE FOUNDATIONS AND
GOVERNMENT.

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number 94-3421724

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION (CONTINUED)

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI'S PRIMARY PROGRAM SERVICE, IN TERMS OF EXPENSE, IS MAKING GRANTS. THE FOUNDATION SEEKS TO ACCOMPLISH ITS MISSION BY PROVIDING RESOURCES TO NONPROFIT ORGANIZATIONS TO MAKE POSITIVE CHANGE IN ITS EIGHT-COUNTY REGION. FOR THAT PURPOSE, IT HAS STIMULATED THE ESTABLISHMENT OF PERMANENTLY ENDOWED FUNDS AND LEVERAGED THEM WITH FUNDS FROM OTHER SOURCES SUCH AS PRIVATE FOUNDATIONS AND GOVERNMENT. ACHIEVEMENTS OF THE FOUNDATION'S GRANTMAKING INCLUDE:

1. SUPPORT FOR THE PARENTS FOR PUBLIC SCHOOLS' NEW INITIATIVE TO ENGAGE PARENTS IN IMPROVING PUBLIC EDUCATION. IT ACHIEVED THE FIRST PARENT LEADERSHIP INSTITUTE THAT GRADUATED IN CLARKSDALE 22 PARENTS, PRIMARILY AFRICAN-AMERICAN WOMEN. EACH GRADUATE HAS UNDERTAKEN A TWO-YEAR PROJECT TO IMPROVE STUDENT OUTCOMES IN THEIR INDIVIDUAL SCHOOLS, INVOLVE ADDITIONAL PARENTS AND MAKE IT SUSTAINABLE. IN ADDITION, THE INITIATIVE STAGED 76 LEADERSHIP OPPORTUNITIES FOR PARENTS, OFFERED EXTENSIVE ONE-ON-ONE TECHNICAL ASSISTANCE FOR PARENTS TO ASSUME LEADERSHIP ROLES, STARTED TWO PARENT TEACHER ORGANIZATIONS, CONDUCTED A SCHOOL BOARD CANDIDATE FORUM, AND KEPT PARENTS AND OTHER EDUCATION STAKEHOLDERS INFORMED.

2. DEVELOPING A WEBSITE TO PROVIDE DIFFERENTIATED LEARNING OPPORTUNITIES, ESPECIALLY FOR HARD TO LEARN CONCEPTS, FOR ALL STUDENTS IN THE REGION AND BEYOND. THE WEBSITE

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

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

WILL COLLECT, CLASSIFY AND MAKE AVAILABLE VIDEOS OF THE BEST TEACHING AVAILABLE. THE CO-FOUNDER OF THE VERY SUCCESSFUL WIKIPEDIA IS THE DIRECTOR OF THIS PROJECT, AND AN ADVISORY BOARD OF EDUCATION AND TECHNOLOGY LEADERS ACROSS AMERICA HAS BEEN ASSEMBLED. EXPERTS HAVE BEEN ENGAGED TO REVIEW THE SUBMITTED VIDEOS AND ENSURE THAT THEY MEET HIGH STANDARDS FOR THE WEBSITE, WHICH IS FREE FOR ALL TO USE.

3. HELPING TO PERPETUATE AND EXPAND THE WORK OF PALMER HOME FOR CHILDREN THAT PROVIDES RESIDENTIAL CARE FOR ABUSED OR NEGLECTED CHILDREN

4. SUPPORTING A LOCAL MISSION ORGANIZATION THAT COORDINATED LOCAL VOLUNTEERS AND DONORS.

5. FUNDING A GATHERING OF MORE THAN 8,000 TEENAGERS-AND FOLLOW-UP SUPPORT TO THEM--FOR A NATIONALLY RECOGNIZED PROGRAM TO DECREASE TEEN PREGNANCIES.

6. COLLABORATING WITH TWO OTHER FOUNDATIONS TO PROVIDE DOZENS OF SMARTBOARDS AND OTHER TECHNOLOGICAL AIDS TO LEARNING FOR PUBLIC SCHOOLS IN DESOTO COUNTY.

7. PROVIDING ASSISTANCE TO ALLOW DOZENS OF CHILDREN WHO OTHERWISE COULD NOT AFFORD THE EXPERIENCE TO PARTICIPATE IN SAFE, EDUCATIONAL SUMMER DAY CAMP EXPERIENCE THROUGH THE YMCA

8. PROVIDING ORIENTATION AND TRAINING, IN COOPERATION WITH THE WILLIAM WINTER INSTITUTE FOR RACIAL RECONCILIATION, FOR ALL WEST TALLAHATCHIE SCHOOL DISTRICT EDUCATORS TO INCORPORATE THEIR LOCAL HISTORY OF THE EMMETT TILL TRIAL INTO THEIR TEACHING.

9. CREATING, IN COOPERATION WITH THE UNIVERSITY-LEVEL WRITING/THINKING INSTITUTE, A NEW INSTITUTE TO SERVE STUDENTS OF ALL THREE SCHOOL DISTRICTS IN COAHOMA COUNTY.

10. CREATING A FINANCIAL LITERACY CURRICULUM IN COOPERATION WITH THE NORTH DELTA YOUTH CREDIT UNION FOR ALL MIDDLE-SCHOOL STUDENTS IN QUITMAN COUNTY.

11. MAKING POSSIBLE A YOUTH ENTREPRENEURSHIP PROGRAM IN TUNICA COUNTY

12. PROVIDING FOR 25 HIGH SCHOOL JUNIORS AND SENIORS IN DESOTO COUNTY TO PARTICIPATE

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

IN A YEAR-LONG YOUTH LEADERSHIP PROGRAM

13. STARTING A BOOKS ON WHEELS PROGRAM THAT TOOK RESOURCES AND TRAINING TO MORE THAN 30 EARLY CHILD CARE CENTERS THROUGHOUT FIVE COUNTIES IN COOPERATION WITH THE FIRST REGIONAL LIBRARY EARLY CHILDHOOD RESOURCE AND REFERRAL CENTER.

14. SUPPORTED A MINISTRY TO MEN WHO ARE REHABILITATING FROM ALCOHOL OR DRUG ABUSE.

15. ASSISTED A NON-PROFIT PRIMARY HEALTH CLINIC THAT PROVIDED FREE AND REDUCED-FEE CARE FOR 5,000 PATIENTS

16. ESTABLISHED AN INSTITUTE FOR COMMUNITY PLANNING THROUGHOUT NORTH MISSISSIPPI

17. PROVIDED COLLEGE SCHOLARSHIPS

18. HELPED TO ESTABLISH PERMANENT HOME FOR A THERAPEUTIC RIDING CENTER

19. PROVIDED ALMOST FULL-SUPPORT FOR CONSTRUCTION OF ONE HABITAT FOR HUMANITY HOUSE

20. SUPPORTED YOUTH SPORTS PROGRAM IN HERNANDO

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE COMMUNITY FOUNDATION'S SECOND LARGEST PROGRAM SERVICE, IN TERMS OF EXPENSE, WAS ITS INITIATIVE TO PREVENT CHILDHOOD OBESITY NAMED "GET A LIFE!" THAT FOCUSES ON ACTIVE LIVING AND HEALTHY EATING FOR CHILDREN AGES 3-12. SINCE MISSISSIPPI HAS THE LARGEST PERCENTAGE OF CHILDHOOD OBESITY AND OBESITY IS CLOSELY LINKED TO CHRONIC DISEASES THAT KILL AND INCAPACITATE MISSISSIPPIANS IN NATION-LEADING NUMBERS, THE REASON FOR THIS INITIATIVE THROUGHOUT THE FOUNDATION'S EIGHT-COUNTY REGION IS CLEAR.

THE FOUNDATION HAS PROVIDED RESOURCES, MUCH OF WHICH WAS LEVERAGED FROM OTHER SOURCES, AND LEADERSHIP TO ADDRESS THIS ISSUE IN NORTHWEST MISSISSIPPI. ACHIEVEMENTS OF THIS PROGRAM SERVICE INCLUDE:

- 1. COMPLETION OF "COMMUNITY SNAPSHOT" ASSESSMENTS OF EACH COMMUNITY'S HEALTHY EATING AND ACTIVE LIVING
- 2. COMPLETION OF FOCUS GROUPS IN EACH COMMUNITY
- 3. IMPLEMENTATION OF ACTION PLAN IN EACH OF THE EIGHT COUNTIES TO SUPPORT ACTIVE

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

LIVING AND/OR HEALTHY EATING.

4. ESTABLISHMENT OF A REGIONAL HEALTH COUNCIL TO PROMOTE AND COORDINATE ACTION THROUGHOUT THE REGION

5. ESTABLISHMENT OF THE HEALTHY CONGREGATIONS COALITION WITH AN ADVISORY BOARD REPRESENTING MORE THAN 200 CONGREGATIONS, PRIMARILY AFRICAN-AMERICAN, THAT ESTABLISHED PLANS FOR FAITH-BASED HEALTH MINISTRY TRAINING IN 2009

6. SUPPORTED 13 HEAD START CENTER AND MORE THAN 30 OTHER CHILD CARE CENTERS WITH NUTRITION AND PHYSICAL ACTIVITY PROGRAMS

7. ESTABLISHED AND PROMOTED SIX SCHOOL AND COMMUNITY GARDENS

8. PROVIDED FORMAL RECOGNITION OF MONTHLY "HEALTH CHAMPIONS" IN THE COMMUNITIES

9. WORKED WITH ALLIANCE FOR A HEALTHIER GENERATION TO SUPPORT SIX SCHOOL DISTRICTS' HEALTH PLANNING

10. COMMUNICATED WITH STAKEHOLDERS THROUGH ESTABLISHMENT OF A WEBSITE AND MONTHLY E-NEWSLETTERS

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

THE THIRD-LARGEST PROGRAM SERVICE OF THE COMMUNITY FOUNDATION IS VOLUNTEER NORTHWEST MISSISSIPPI, WHICH SERVES AS THE VOLUNTEER CENTER FOR THE EIGHT COUNTIES OF ITS REGION. IT PROVIDES LEADERSHIP IN THE REGION BY CONNECTING VOLUNTEERS WITH NON-PROFIT ORGANIZATIONS' NEEDS. THE FOUNDATION HAS LEVERAGED FUNDING FROM OTHER SOURCES TO MEET THE NEEDS OF DONORS AND NONPROFIT ORGANIZATIONS. ITS ACHIEVEMENTS INCLUDE:

1. REGISTERED 150 VOLUNTEERS AND RECRUITED OVER 300 FOR VOLUNTEER PROJECTS, 3 VOLUNTEER GROUPS AND 54 NONPROFITS.

2. CONNECTED VOLUNTEERS AND SECURE HALF OF THE FUNDING FOR A HOUSE WITH CLARKSDALE AREA AND WEST TALLAHATCHIE HABITAT FOR HUMANITY AFFILIATES;

3. CONDUCTED A PROJECT FOR GLOBAL YOUTH SERVICE DAY THAT RESULTED IN THE COLLECTION

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

OF 13,229 CANS OF FOOD FOR LOCAL FOOD PANTRIES AS A COMPETITION AMONG LOCAL HIGH SCHOOL STUDENT VOLUNTEERS

4. FACILITATED SAFE SPACES TRAINING FOR VOLUNTEERS TO LEARN HOW TO ENTERTAIN AND OCCUPY CHILDREN IN DESIGNATED SHELTERS FOLLOWING A DISASTER.

5. PROVIDED TRAINED VOLUNTEERS TO ASSIST SHELTERS AS EVACUEES FROM HURRICANE GUSTAV CAME TO NORTHWEST MISSISSIPPI

6. WORKED WITH THE STATE DEPARTMENT OF HEALTH TO PROMOTE A DISASTER PREPAREDNESS TRAINING IN TUNICA COUNTY.

7. COMMUNICATED WITH VOLUNTEERS, NONPROFIT ORGANIZATIONS AND OTHER STAKEHOLDERS WITH A BI-MONTHLY E-NEWSLETTER AND DEVELOPMENT OF ITS OWN WEBSITE AND FACEBOOK PAGE.

8. CONNECTED A BUSINESS WITH THREE LOCAL FOOD PANTRIES THROUGH A CORPORATE CONTRIBUTION

9. AWARDED 100 PRESIDENT'S VOLUNTEER SERVICE AWARDS FROM THE PRESIDENT'S COUNCIL ON SERVICE AND CIVIC PARTICIPATION. THE AWARDS (WHICH INCLUDED A LETTER SIGNED BY PRESIDENT BUSH, A CERTIFICATE AND PIN) WERE PRESENTED TO SELECTED VOLUNTEERS IN A PUBLIC CEREMONY.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE IRS FORM 990 IS COMPLETED BY AN OUTSIDE ACCOUNTING FIRM, WORKING IN CONJUNCTION WITH COMMUNITY FOUNDATION MANAGEMENT AND USING AUDITED FINANCIAL STATEMENTS. A COPY OF ALL PAGES OF THE COMPLETED FORM 990 IS GIVEN TO EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS FOR REVIEW. THE BOARD VOTES TO APPROVE THE FORM 990 AFTER PROPER MOTION AND DISCUSSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

EACH YEAR EACH MEMBER OF THE BOARD OF DIRECTORS AND ALL EMPLOYEES MUST READ AND SIGN THE WRITTEN CONFLICT OF INTEREST POLICY THAT WAS APPROVED BY THE BOARD OF DIRECTORS, INDICATING THAT THEY UNDERSTAND AND WILL ABIDE BY THE POLICY. THIS IS THE KEY

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FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

STRATEGY TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY, ENSURING THAT ALL DIRECTORS AND EMPLOYEES KNOW THE POLICY AND ARE IN POSITION TO ENFORCE IT ON OTHERS AS WELL AS THEMSELVES. THESE SIGNED COPIES ARE KEPT ON FILE AT THE COMMUNITY FOUNDATION OFFICE. EVIDENCE OF COMPLIANCE ARE THE OCCASIONS DURING 2008 WHEN DIRECTORS IDENTIFIED POTENTIAL PERSONAL OR BUSINESS INTERESTS IN A DECISION AND REMOVED THEMSELVES FROM DISCUSSING AND VOTING ON THE MATTER.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

IN ACCORDANCE WITH BOARD PROCEDURES AND ON BEHALF OF FOUNDATION'S EXECUTIVE COMMITTEE, THE BOARD CHAIRMAN CONDUCTED A REVIEW OF THE CEO'S PERFORMANCE IN 2008 WITH HIM. ONE PURPOSE WAS TO REVIEW AND RECOMMEND COMPENSATION FOR THE CEO IN THE COMING YEAR. PRIMARY ITEMS FOR REVIEW WERE:

1. PROGRESS ON THE FOUNDATION'S STRATEGIC IMPERATIVES FOR THE YEAR DRAWN FROM ITS LONG-RANGE STRATEGIC PLAN
2. CEO'S JOB DESCRIPTION AND PERFORMANCE OF ASSIGNED RESPONSIBILITIES;
3. REVIEW OF COMPARABLE SALARY DATA FROM THE 2008 GRANTMAKERS SALARY AND BENEFITS REPORT AND THE SOUTHEASTERN COUNCIL OF FOUNDATIONS' SALARY SURVEY

THE BOARD CHAIRMAN THEN CONVENED A MEETING OF THE EXECUTIVE COMMITTEE, COMPOSED OF ALL INDEPENDENT MEMBERS, AND PLACED ON THE AGENDA THE ANNUAL PERFORMANCE EVALUATION AND SALARY RECOMMENDATIONS FOR CEO AND 2009 OPERATING BUDGET GUIDANCE TO THE BOARD'S FINANCE COMMITTEE'S RECOMMENDING 3 % SALARY INCREASES FOR 2 STAFF MEMBERS IN OPERATING BUDGET, OR \$2,500 TOTAL;

MINUTES OF THE OCT. 30, 2008, EXECUTIVE COMMITTEE MEETING SHOW THAT THE CHAIRMAN REPORTED ON THE CONTENT OF HIS PERFORMANCE REVIEW OF THE CEO THAT INCLUDED COMPARABLE SALARY DATA. THE CEO IS NOT A MEMBER OF THE EXECUTIVE COMMITTEE AND WAS

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FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES NOT PRESENT DURING THIS DISCUSSION. THERE WAS UNANIMOUS AGREEMENT THAT THE CEO'S WORK FOR THE FOUNDATION HAS BEEN EXCELLENT AND THERE WAS UNANIMOUS AGREEMENT THAT THE COMMITTEE HOPES HIS WORK WILL CONTINUE FOR MANY YEARS.

AFTER FULL DISCUSSION, THE EXECUTIVE COMMITTEE AGREED TO SUBMIT TO THE FINANCE COMMITTEE FOR CONSIDERATION GIVING TWO STAFF MEMBERS EACH A 3% RAISE FOR 2009 CALENDAR YEAR. THE CEO DID NOT REQUEST A RAISE FOR THE COMING YEAR AS HE RECEIVED ONE FOR 2008, AND NONE WAS RECOMMENDED.

THE FINANCE COMMITTEE REVIEWED THE PROPOSED BUDGET FOR 2009 WITH THE TWO SALARY INCREASES INCLUDED AS RECOMMENDED BY THE EXECUTIVE COMMITTEE AT ITS NOVEMBER 17, 2008 MEETING. THE FULL BOARD OF DIRECTORS REVIEWED AND APPROVED THE BUDGET AT ITS NOVEMBER 20, 2008 MEETING. DELIBERATION AND THE DECISION ARE SUBSTANTIATED BY MINUTES OF THE TWO MEETINGS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE COMMUNITY FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND ITS FINANCIAL STATEMENTS AVAILBLE TO THE PUBLIC. THE ARTICLES OF INCORPORATION, THE BYLAWS AND THE CONFLICT OF INTEREST POLICY ARE KEPT IN A BINDER IN THE FOUNDATION'S OFFICE FOR ANYONE WHO WOULD LIKE TO REVIEW THEM. THE PREVIOUS YEARS' AUDITED FINANCIAL STATEMENTS ARE ALSO KEPT IN THE FOUNDATION'S OFFICE FOR ANYONE TO REVIEW, AND THE MOST RECENT FINANCIAL STATEMENT IS POSTED IN THE FOUNDATION'S WEBSITE. ALL FINANCIAL STATEMENTS ARE ALSO MADE AVAILBLE TO THE PUBLIC THROUGH WWW.GUIDESTAR.ORG.