



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See specific instruc- tions	C 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 \$ 4,770,574.
F Name and address of principal officer: TOM PITTMAN Same As C Above		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If 'No,' attach a list (see instructions)		
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number		
J Website: CFNM.ORG		L Year of Formation 2002 M State of legal domicile MS		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other				

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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
	2 Check this box ☐ 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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of employees (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12
7b Net unrelated business taxable income from Form 990-T, line 34	
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	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)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here Signature of officer: <i>TOM PITTMAN</i> TOM PITTMAN Type or print name and title	Date: 8/16/10 President
Preparer's signature: <i>W B Givens</i> Firm's name (or yours if self-employed), address, and ZIP + 4: F O Givens and Co. 5699 Getwell Road Bldg E Suite 5 Southaven, MS 38672	Date: 8-11-10 Check if self-employed: ☒ Preparer's identifying number (see instructions): N/A EIN: N/A Phone no: (662) 349-3798

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

14 617

Part III Statement of Program Service Accomplishments**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 XXXXXX) (Expenses \$ 1,800,642. including grants of \$ 1,510,795.) (Revenue \$)

See Schedule O

4b (Code XXXXXX) (Expenses \$ 247,741. including grants of \$ 64,763.) (Revenue \$)

See Schedule O

4c (Code XXXXXX) (Expenses \$ 209,744. including grants of \$ 1,000.) (Revenue \$)

A THIRD PROGRAM WAS THE DEVELOPMENT OF A WEBSITE (WATCHKNOW.ORG) TO PROVIDE DIFFERENTIATED LEARNING OPPORTUNITIES, ESPECIALLY FOR HARD TO LEARN CONCEPTS, FOR ALL STUDENTS IN THE REGION AND BEYOND. THROUGH AN INNOVATIVE WIKI PROCESS, THE WEBSITE COLLECTS, CLASSIFIES, AND MAKES AVAILABLE VIDEOS OF THE BEST TEACHING AVAILABLE. IT WAS UNVEILED FOR PUBLIC USE IN OCTOBER 2009 WITH MORE THAN 10,000 EDUCATOR-REVIEWED EDUCATIONAL VIDEOS ARRANGED IN DOZENS OF CATEGORIES WITH QUALITY RATINGS AND FULL DESCRIPTIONS THAN CAN BE FILTERED BY AGE-APPROPRIATENESS.

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

(Expenses \$ 40,281. including grants of \$ 8,078.) (Revenue \$)

4e Total program service expenses ▶ 2,298,408.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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		
6 Did the organization maintain any donor advised funds or any similar funds or 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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	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? <i>If 'Yes,' complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1 a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	
2 a 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.	2 a 7	
2 b 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).	2 b X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b	
4 a 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)?	4 a	X
b If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9 a	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from other members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
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:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers of key employees of the organization See Schedule O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
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
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 ▶ 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
 ▶ 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(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			119,162.	0.	0.
DOUG THORNTON Director	0.25	X						0.	0.	0.
LYNDA AUSTIN Director	0.25	X						0.	0.	0.
PATRICK NELSON Director	0.25	X						0.	0.	0.
ROB TYNER Secretary	0.5	X		X				0.	0.	0.
MARY LEE BROWN Vice Chairman	0.5	X		X				0.	0.	0.
DR. BARBARA SMITH Chairman	0.5	X		X				0.	0.	0.
MIKE ANDERSON Treasurer	0.5	X		X				0.	0.	0.
CHARLES BURNETT, III Director	0.25	X						0.	0.	0.
GEORGE COSSAR, III Director	0.25	X						0.	0.	0.
DR. ISHMELL EDWARDS Director	0.25	X						0.	0.	0.
JOAN FERGUSON Director	0.25	X						0.	0.	0.
JACKIE FRANKLIN Director	0.25	X						0.	0.	0.
DR. ELEANOR GILL Director	0.25	X						0.	0.	0.
WILLIAM PRIDE, JR. Director	0.25	X						0.	0.	0.
GREG TAYLOR Director	0.25	X						0.	0.	0.
CYNTHIA WARE Director	0.25	X						0.	0.	0.

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1

- | | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | | X |
| 5 | | X |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

[illegible]

Form 990 (2009)

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 4,441,506.				
	g Noncash contribns included in lns 1a-1f	\$ 11,940.				
h Total. Add lines 1a-1f			4,441,506.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a ADMINISTRATIVE FEES		63,470.	63,470.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f			63,470.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		118,604.			118,604.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-17,952.			-17,952.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		164,946.			
b Less direct expenses		78,537.				
c Net income or (loss) from fundraising events		86,409.			86,409.	
9 a Gross income from gaming activities See Part IV, line 19						
b Less direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
b Less cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			4,692,037.	63,470.	0.	187,061.

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	1,584,636.	1,584,636.		
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	119,162.	71,498.	23,832.	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	199,658.	119,795.	39,932.	39,931.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	40,778.	24,467.	8,156.	8,155.
10 Payroll taxes	23,950.	14,370.	4,790.	4,790.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,550.		11,550.	
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other	201,450.	135,980.	65,470.	
12 Advertising and promotion	3,500.	2,100.		1,400.
13 Office expenses	6,944.	4,166.	1,389.	1,389.
14 Information technology	1,474.	884.	295.	295.
15 Royalties				
16 Occupancy	18,864.	11,318.	3,773.	3,773.
17 Travel	27,180.	16,308.	5,436.	5,436.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,114.	5,468.	1,823.	1,823.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,983.	1,790.	597.	596.
23 Insurance	1,635.	981.	327.	327.
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 ACTIVITIES	185,934.	185,934.		
b CONTRACTED SERVICES	91,584.	91,584.		
c Printing and Publications	8,956.	5,374.	1,791.	1,791.
d REPAIRS AND MAINTAINENCE	6,528.	3,917.	1,306.	1,305.
e TELEPHONE- LAND & MOBILE	6,448.	3,869.	1,290.	1,289.
f All other expenses	23,283.	13,969.	4,658.	4,656.
25 Total functional expenses. Add lines 1 through 24f	2,575,611.	2,298,408.	176,415.	100,788.
26 Joint costs. Check here ☐ 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	1,119,179.	2	1,203,230.
	3 Pledges and grants receivable, net	1,772,507.	3	2,689,017.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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	1,000,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,865.		
	b Less accumulated depreciation	10b 6,759.	797,092.	10c 5,106.
	11 Investments -- publicly-traded securities	2,945,656.	11	4,443,071.
	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	851,001.
16 Total assets Add lines 1 through 15 (must equal line 34)	7,506,459.	16	10,191,450.	
LIABILITIES	17 Accounts payable and accrued expenses	24,313.	17	13,607.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	131,654.	25	153,162.
	26 Total liabilities. Add lines 17 through 25	155,967.	26	166,769.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		7,350,492.	27	9,056,181.
28 Temporarily restricted net assets			28	968,500.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here ☐ 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		7,350,492.	33	10,024,681.
34 Total liabilities and net assets/fund balances.		7,506,459.	34	10,191,450.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

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

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

BAA

Form 990 (2009)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	532,465.	1,504,712.	1,413,970.	891,676.	1,342,589.	5,685,412.
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-through 3	532,465.	1,504,712.	1,413,970.	891,676.	1,342,589.	5,685,412.
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)						0.
6 Public support. Subtract line 5 from line 4						5,685,412.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	532,465.	1,504,712.	1,413,970.	891,676.	1,342,589.	5,685,412.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,830.	44,504.	140,979.	-37,522.	100,653.	262,444.
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						5,947,856.
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. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.6 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.9 %

16a **33-1/3 support test – 2009.** 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. ☒

b **33-1/3 support test – 2008.** 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. ☐

17a **10%-facts-and-circumstances test – 2009.** 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. ☐

b **10%-facts-and-circumstances test – 2008.** 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. ☐

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. ☐

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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 amount on line 13 for the year						
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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 on 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 lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3 support tests – 2008.** 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 ☐

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

2009**Open to Public
Inspection**

Employer identification number

COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	34	
2 Aggregate contributions to (during year)	217,567.	
3 Aggregate grants from (during year)	201,002.	
4 Aggregate value at end of year	854,515.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☒ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

3 Using the organization's acquisition 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 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
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

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	4,049,742.	4,271,837.			
b Contributions	1,109,883.	499,797.			
c Net investment earnings, gains, and losses	637,669.	-633,624.			
d Grants or scholarships	87,512.	38,544.			
e Other expenditures for facilities and programs	110,151.	1,272.			
f Administrative expenses	53,924.	48,452.			
g End of year balance	5,545,707.	4,049,742.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100.00 %
 b Permanent endowment ▶ %
 c Term endowment ▶ %

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

- (i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,551.	3,123.	4,428.
e Other		4,314.	3,636.	678.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 5,106.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

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

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Rounding	1.
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) ▶	851,001.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
AGENCY FUND	153,162.
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	153,162.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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)	4,692,037.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,575,611.
3	Excess or (deficit) for the year Subtract line 2 from line 1	2,116,426.
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 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	2,116,426.

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	4,692,037.
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)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,692,037.
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)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,692,037.

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

1	Total expenses and losses per audited financial statements	1	2,575,611.
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 Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,575,611.
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 must equal Form 990, Part I, line 18)	5	2,575,611.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV	Supplemental Information (continued)
----------	--------------------------------------

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Employer identification number
94-3421724

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

MS

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
		CRYSTAL BALL (event type)	(event type)	(total number)	(Add col (a) through col (c))
	1 Gross receipts	164,946.			164,946.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	164,946.			164,946.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	33,398.			33,398.
	8 Entertainment				
	9 Other direct expenses	45,139.			45,139.
	10 Direct expense summary Add lines 4- through 9 in column (d)				78,537.
	11 Net income summary Combine lines 3, column (d) and line 10				86,409.

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))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

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

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

13a	%
13b	%

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

BAA

TEEA3703L 02/05/10

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

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

OMB No 1545-0047

2009

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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

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
DESOTO CIVIC CENTER 4560 VENTURE DRIVE SOUTHAVEN, MS 38671	72-1352162		10,298	0.			FOR HEALTHY CONGREGATIONS CONFERENCE
DESOTO COUNTY SCHOOLS 5 EAST SOUTH STREET HERNANDO, MS 38632	34-600032		30,000.	0.			SUPERINTENDENT'S YOUTH LEADERSHIP COUNCIL SUPPORT OF PRIMARY CARE
DESOTO HEALTH & WELLNESS CENTER 8889 NORTHWEST DRIVE SUITE A SOUTHAVEN, MS 38671	30-0399758		5,200.	0.			CLINIC FOR THE WORKING UNINSURED
DIGITAL TECHNOLOGY TRUST 2902 HARDY STREET, SUITE 20 HATTIESBURG, MS 39401			6,000.	0.			TECHNOLOGY ASSISTANCE IN PUBLIC SCHOOLS
FIRST REGIONAL LIBRARY P.O. BOX 386 HERNANDO, MS 38632	64-6001406		10,208.	0.			SUPPORT FOR WORD ON WHEELS MOBILE LIBRARY
HERNANDO UNITED METHODIST CHURCH 1890 MT. PLEASANT ROAD HERNANDO, MS 38632			12,200.	0.			GENERAL SUPPORT FOR CHURCH
HERNANDO YOUTH SPORTS 2470 HWY 51 SOUTH HERNANDO, MS 38632	72-1398030		47,000.	0.			GENERAL SUPPORT FOR YOUTH SPORTS PROGRAMS

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

17

3 Enter total number of other organizations

4

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
COMMUNITY FOUNDATION OF NORTHWEST		94-3421724					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(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
LIVING WATERS OF HONDURAS MISSIO P.O. BOX 591 HORN LAKE, MS 38637							WATER PURIFICATION PROJECT IN
MID-SOUTH GREYHOUND ADOPTION OPT P.O. BOX 2088	47-0866602		12,767.				HONDURAS SUPPORT FOR THE CARE OF
WEST MEMPHIS, AR 72303							RETIRED GREYHOUNDS UNTIL ADOPTED
MS CONFERENCE- UMC P.O. BOX 1201 JACKSON, MS 39215	71-0715700		6,483.				SUPPORT OF LOW-INCOME FAMILIES IN
MS DISTRICT CHURCH OF NAZARENE 509 SPRINGRIDGE ROAD, SUITE L CLINTON, MS 39056			6,370.				THE MS DELTA MISSION WORK LOCALLY
NORTH DELTA SCHOOL, INC. 330 GREEN WAVE LANE BATESVILLE, MS 38606	64-6156244		7,450.				THROUGH THE CHURCH GENERAL
NORTH MS LAND TRUST/DESOTO COUNT 316 WEST COMMERCE STREET HERNANDO, MS 38632			12,995.				SUPPORT FOR THE DELTA SCHOOL
PARENTS FOR PUBLIC SCHOOLS 3252 NORTH STATE STREET JACKSON, MS 39201	26-3698213			799,076.	VALUE AT TIME RECEIVED	LAND	LAND DONATION TO ASSIST BUILDING GREENWAYS IN DESOTO COUNTY TO ASSIST IN EXPANDING PROGRAM INTO DELTA
	64-0806908		131,159.				

Continuation Sheet for Schedule I (Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)
---------------	--

(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
QUITMAN COUNTY DEVELOPMENT ORG., P.O. BOX 386 MARKS, MS 38646							SUPPORT FOR YOUTH FINANCIAL
---	64-0629668		30,000.	0.			LITERACY PROGRAM GENERAL
RHODES COLLEGE							SUPPORT FOR HIGHER EDUCATION
2000 N PARKWAY MEMPHIS, TN 38112	62-0476301		21,000.				SUPPORT OF PROGRAMS FOR AUTISTIC CHILDREN
RIVERKING ASSISITS FOR AUTISM ---							SUPPORT FOR JUNIOR HOCKEY
HERNANDO, MS 38632			6,783.				RECREATION ASSISTING CHILDREN WITH
RIVERKINGS HOCKEY 4560 VENTURE DR.			6,500.				DENTAL WORK SUPPORT OF HIGHER
SOUTHAVEN, MS 38671 SMILES FOR LIFE 975 WOOD OAK LANE, STE 200			5,790.				EDUCATION SUPPORT FOR MEN AS THEY
SALT LAKE CITY, UT 84117 UNIVERSITY OF MISSISSIPPI FOUNDA P.O. BOX 249	23-7310293		6,500.				LEAVE PRISON AND RE-ENTER SOCIETY
UNIVERSITY, MS 38677 WARRIOR MINISTRIES CENTER P.O. BOX 1351							
SOUTHAVEN, MS 38671 ---	30-0057701		23,000.				

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

94-3421724

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33)

(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 (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(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 (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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		
CFNM, LLC 315 LOSHER, SUITE 100 HERNANDO, MS 38632	INVESTMENT	MS	N/A	INVESTMENT	0.	851,000.		X	N/A	X

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

(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 (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note		Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b	Gift, grant, or capital contribution to other organization(s)		1b X
c	Gift, grant, or capital contribution from other organization(s)		1c X
d	Loans or loan guarantees to or for other organization(s)		1d X
e	Loans or loan guarantees by other organization(s)		1e X
f	Sale of assets to other organization(s)		1f X
g	Purchase of assets from other organization(s)		1g X
h	Exchange of assets		1h X
i	Lease of facilities, equipment, or other assets to other organization(s)		1i X
j	Lease of facilities, equipment, or other assets from other organization(s)		1j X
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k X
l	Performance of services or membership or fundraising solicitations by other organization(s)		1l X
m	Sharing of facilities, equipment, mailing lists, or other assets		1m X
n	Sharing of paid employees		1n X
o	Reimbursement paid to other organization for expenses		1o X
p	Reimbursement paid by other organization for expenses		1p X
q	Other transfer of cash or property to other organization(s)		1q X
r	Other transfer of cash or property from other organization(s)		1r 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)			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545 0047

2009

**Open to Public
Inspection**

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

Employer identification number
94-3421724

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 RECIPIENTS

Form 990, Part III, Line 4a - Program Service Accomplishments

THE COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI'S PRIMARY PROGRAM SERVICE 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 PARENTS FOR PUBLIC SCHOOLS' NEW INITIATIVE TO ENGAGE PARENTS IN
IMPROVING PUBLIC EDUCATION, PARENT LEADERSHIP INSTITUTES. FOUR INSTITUTES TRAINED
120 PARENTS WITH IN-DEPTH KNOWLEDGE OF ACCOUNTABILITY STANDARDS, BUDGET POLICIES, AND
HOW SCHOOL SYSTEMS WORK.
- 2) DONATE FIRST LAND THE THE NORTH MISSISSIPPI LAND TRUST TO BEGIN A SYSTEM OF GREEN
SPACES IN RAPIDLY URBANIZING AREAS.
- 3) HELP TO BRING THE DELTA SCHOOL DISTRICTS THE TEACH UP! PROGRAM WITH AN INTERN IN
EACH SCHOOL TO HELP TEACHERS LEARN TO USE TECHNOLOGY MORE EFFECTIVELY.
- 4) SUPPORT THE WORK OF THE PALMER HOME FOR CHILDREN, WHICH PROVIDES RESIDENTIAL CARE
FOR ABUSED AND NEGLECTED CHILDREN.
- 5) PROVIDE EQUIPMENT, 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.
- 6) PROVIDING FOR 25 HIGH SCHOOL JUNIORS AND SENIORS IN DESOTO COUNTY TO PARTICIPATE

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

Employer identification number
94-3421724

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

INA YEAR-LONG LEADERSHIP PROGRAM.

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

8) ASSISTED A NON-PROFIT PRIMARY HEALTH CLINIC THAT PROVIDES FREE AND REDUCED-FEE
CARE FOR 5,000 PATIENTS

9) PROVIDED COLLEGE SCHOLARSHIPS

10) SUPPORTED YOUTH SPORTS PROGRAM IN HERNANDO, MISSISSIPPI

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!" WHICH 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 MISSISSIPPPIANS IN NATION-LEADING NUMBERS, THE
NEED 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. ACHIEVEMENT
FOR THE PAST YEAR INCLUDE:

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

2) ESTABLISHMENT OF THE HEALTHY CONGREGATIONS COALITION WITH AN ADVISORY BOARD
REPRESENTING MORE THAN 200 CONGREGATIONS, PRIMARILY AFRICAN AMERICAN, THAT
ESTABLISHED HEALTH MINISTRIES IN MORE THAN 50 CONGREGATIONS.

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

4) ESTABLISHED AND PROMOTED 30 CHURCH, SCHOOL, AND COMMUNITY GARDENS

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

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

Employer identification number
94-3421724

Form 990, Part III, Line 4d - Other Program Services Description

THE FOURTH-LARGEST PROGRAM SERVICE OF THE COMMUNITY FOUNDATION IS VOLUNTEER NORTHWEST MISSISSIPPI, WHICH SERVES AS THE VOLUNTEER CENTER FOR THE EIGHT-COUNTY REGION IT SERVES. 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 NON-PROFIT ORGANIZATIONS. THIS PROGRAM'S ACHIEVEMENTS INCLUDE:

- 1) REGISTERED VOLUNTEERS AND RECRUITED THEM FOR VOLUNTEER PROJECTS, VOLUNTEER GROUPS, AND NONPROFIT ORGANIZATIONS.
- 2) TOOK OVER THE WORK OF THE 48-YEAR-OLD THE BOX PROJECT, WHICH CONNECTS ABOUT 1,000 SPONSORING FAMILIES FROM 48 STATES WITH A LIKE NUMBER OF FAMILIES, PRIMARILY IN THE MISSISSIPPI DELTA, TO RECEIVE MONTHLY BOXES OF DONATED GOODS ALONG WITH ESTABLISHMENT OF MONTHLY CORRESPONDENCE BETWEEN SPONSOR AND RECIPIENT FAMILIES.
- 3) AWARDED 25 PRESIDENT'S VOLUNTEER SERVICE AWARDS FROM THE PRESIDENT'S COUNCIL ON SERVICE AND CIVIC PARTICIPATION. THE AWARDS (WHICH INCLUDED A LETTER SIGNED BY PRESIDENT OBAMA, A CERTIFICATE, AND A PIN) WERE PRESENTED TO SELECTED VOLUNTEERS IN A PUBLIC CEREMONY.

Form 990, Part VI, Line 11 - 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 990 IS GIVEN TO EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS FOR REVIEW. THE BOARD VOTES TO APPROVE THE FORM 990 AFTER A PROPER MOTION TO APPROVE HAS BEEN MADE, AND A DISCUSSION HAS TAKEN PLACE.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

EACH MEMBER OF THE BOARD OF DIRECTORS MUST ANNUALLY READ AND SIGN THE WRITTEN CONFLICT OF INTEREST POLICY THAT WAS APPROVED BY THE BOARD OF DIRECTORS, INDICATION

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI

Employer identification number
94-3421724

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

THAT THEY UNDERSTAND AND WILL ABIDE BY THE POLICY. THIS IS THE KEY 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 2009 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 THE FOUNDATION'S EXECUTIVE
COMMITTEE, THE BOARD CHAIRMAN CONDUCTED AN ANNUAL REVIEW OF THE PRESIDENT'S
PERFORMANCE IN 2009 WITH HIM. THE CHAIRMAN PRESENTED THIS REVIEW TO THE BOARD AT THE
NOVEMBER 19, 2009 MEETING. IN LIGHT OF THE ECONOMIC ISSUES AND THE FACT THAT THE
PRESIDENT REQUESTED NO RAISE, THE BOARD DID NOT RECOMMEND A RAISE IN SALARY. THE
BOARD DID APPROVE AN INCREASE IN VACATION TIME, FROM 2 WEEKS ANNUALLY TO 4 WEEKS
ANNUALLY.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE COMMUNITY FOUNDATION OF NORWEST MISSISSIPPI MAKES ITS GOVERNING DOCUMENTS, ITS
CONFLICT OF INTEREST POLICY, AND ITS FINANCIAL STATEMENTS AVAILABLE 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 STATEMENTS
ARE ALSO MADE AVAILABLE TO THE PUBLIC THROUGH WWW.GUIDESTAR.ORG.

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

Employer identification number

94-3421724

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**Name(s) shown on return **COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI**Identifying number
94-3421724

Business or activity to which this form relates

Form **990/990-PF****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,983.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	2,983.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	