

2010 TAX RETURN

Client Copy

Client: 11825

Prepared for: COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI
315 LOSHER STREET #100
HERNANDO, MS 38632
662-449-5002

Prepared by: W. B. Givens
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Southaven, MS 38672
(662)349-3798

Date: November 15, 2011

Comments:

Route to: _____

2010 Exempt Org. Return
prepared for:

**COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI**
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MISSISSIPPI
315 LOSHER STREET #100
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FEDERAL FORMS

Form 990	2010 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule D	Schedule D
Schedule G	Fundraising or Gaming Activities
Schedule I	Grants and Other Assistance Inside U.S.
Schedule R	Related Organizations and Unrelated Partnerships
Schedule O	Supplemental Information
Form 8868	Application for Extension
	Depreciation Schedules

FEE SUMMARY

Preparation Fee

	2010	2009	Diff
REVENUE			
Contributions and grants.....	2,089,857	4,441,506	-2,351,649
Program service revenue.....	74,376	63,470	10,906
Investment income.....	199,502	100,652	98,850
Other revenue.....	134,243	86,409	47,834
Total revenue.....	2,497,978	4,692,037	-2,194,059
EXPENSES			
Grants and similar amounts paid.....	829,948	1,584,636	-754,688
Salaries, other compen., emp. benefits...	371,992	383,548	-11,556
Other expenses.....	1,726,944	607,427	1,119,517
Total expenses.....	2,928,884	2,575,611	353,273
NET ASSETS OR FUND BALANCES			
Revenue less expenses.....	-430,906	2,116,426	-2,547,332
Total assets at end of year.....	10,029,475	10,191,450	-161,975
Total liabilities at end of year.....	435,700	166,769	268,931
Net assets/fund balances at end of year.	9,593,775	10,024,681	-430,906

2010

General Information
COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI

Page 1

94-3421724

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch I, Sch R, Sch O, 8868, 8868 p2

Carryovers to 2011

None

Form 990, Part IX, Line 24f
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
BANK CHARGES	3,004.	1,802.	601.	601.
BOARD EXPENSES	865.	519.	173.	173.
CONTINUING EDUCATION	30.	18.	6.	6.
JANITORIAL	935.	561.	187.	187.
MEMBERSHIPS, SUBSCRIPTIONS	2,917.	1,750.	584.	583.
MISC. EXPENSES	697.	418.	140.	139.
Postage and Shipping	5,554.	3,332.	1,111.	1,111.
REGISTRATION-SEC OF STATE	3,110.	1,866.	622.	622.
Rounding	1.	1.	1.	1.
UTILITIES	4,527.	2,716.	906.	905.
Total	\$ 21,640.	\$ 12,982.	\$ 4,331.	\$ 4,327.

Excess Contributions
Schedule A, Part II, Line 5

<u>Name</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>Total</u>	<u>2% Amt</u>	<u>Excess</u>
CHARLES BOONE	\$ 0.	\$ 0.	\$ 79,817.	\$ 354,613.	\$ 347,995.	\$ 782,425.	\$ 130,222.	\$ 652,203.
TEACH FOR AMERICA, INC	0.	0.	0.	0.	138,685.	138,685.	130,222.	8,463.
Total	\$ 0.	\$ 0.	\$ 79,817.	\$ 354,613.	\$ 486,680.	\$ 921,110.	\$ 260,444.	\$ 660,666.

Schedule D, Part V
Endowment Funds

	<u>Current Year</u>	<u>Prior Year</u>	<u>Two Yrs. Back</u>	<u>Three Yrs. Back</u>	<u>Four Yrs. Back</u>
Beginning of year balance	5,545,707.	4,049,742.	0.	0.	0.
Contributions	464,364.	1,109,883.			
Investment earnings (losses)	296,064.	637,669.			
Grants or scholarships	78,283.	87,512.			
Expend. for facilities & progs		110,151.			
Administrative expenses	65,986.	53,924.			
End of year balance	6,161,866.	5,545,707.	0.	0.	0.

Other Income Producing Activities
Gain (loss) from asset sales-non inventory [O]

CAPITAL GAIN REALIZED.....	\$	-15,726.
CAPITAL GAIN UNREALIZED.....		<u>106,042.</u>
Total	\$	<u><u>90,316.</u></u>

2010 Federal Book Depreciation Schedule
COMMUNITY FOUNDATION OF NORTHWEST
MISSISSIPPI

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Furniture and Fixtures																
1	FURNITURE & FIXTURES	12/31/04		1,780							1,780	1,780	S/L	5		0
2	TELEPHONE SYSTEM	7/07/06		1,713							1,713	1,200	S/L	5		343
3	FURNITURE & FIXTURES	12/31/05		821							821	656	S/L	5		165
	Total Furniture and Fixtures			4,314		0	0	0	0	0	4,314	3,636				508
Machinery and Equipment																
4	SCANNER	2/15/08		685							685	437	S/L	3		228
5	DELL SERVER	6/30/08		2,769							2,769	831	S/L	5		554
6	COMPUTER	6/30/08		3,100							3,100	1,550	S/L	3		1,033
7	CREDIT CARD MACHINE	1/31/09		997							997	305	S/L	3		332
8	DELL LAPTOP	5/10/10		1,081							1,081		S/L	3		240
9	LAPTOP	6/07/10		1,164							1,164		S/L	3		226
	Total Machinery and Equipment			9,796		0	0	0	0	0	9,796	3,123				2,613
	Total Depreciation			<u>14,110</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>14,110</u>	<u>6,759</u>				<u>3,121</u>
	Grand Total Depreciation			<u>14,110</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>14,110</u>	<u>6,759</u>				<u>3,121</u>

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

F Name and address of principal officer:
 Same As C Above

G Gross receipts \$ 2,577,233.

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) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ CFNM.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 2002

M State of legal domicile: MS

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	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	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,441,506.	2,089,857.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,470.	74,376.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,652.	199,502.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,409.	134,243.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,692,037.	2,497,978.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,584,636.	829,948.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	383,548.	371,992.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,313.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	607,427.	1,726,944.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,575,611.	2,928,884.
19 Revenue less expenses. Subtract line 18 from line 12	2,116,426.	-430,906.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,191,450.	10,029,475.
	22 Net assets or fund balances. Subtract line 21 from line 20	166,769.	435,700.
		10,024,681.	9,593,775.

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: TOM PITTMAN Date: _____
 Type or print name and title: President

Paid Preparer Use Only

Print/Type preparer's name: W. B. Givens Preparer's signature: W. B. Givens Date: _____
 Check if self-employed PTIN: N/A

Firm's name: F O Givens and Co.
 Firm's address: 5699 Getwell Road Bldg E Suite 5 Southaven, MS 38672 Firm's EIN: N/A
 Phone no.: (662) 349-3798

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] 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 [X] 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 \$ 693,877. including grants of \$ 603,298.) (Revenue \$)

See Schedule O

4b (Code: []) (Expenses \$ 584,610. including grants of \$ 12,315.) (Revenue \$)

A SECOND PROGRAM WAS THE DEVELOPMENT OF A WEBSITE (WATCHKNOWLEARN.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. TEACHERS, PARENTS AND STUDENTS CAN CREATE THEIR OWN "CLASSROOMS" WITH VIDEOS THEY WANT ALONG WITH OTHER EDUCATIONAL MATERIAL AND CAN MONITOR ITS USE. AT THE END OF THE YEAR, THE WEBSITE HAD MORE THAN 20,000 VIDEOS ARRANGED IN DOZENS OF CATEGORIES WITH QUALITY RATINGS AND FULL DESCRIPTIONS THAT CAN BE FILTERED BY AGE-APPROPRIATENESS. IT HAD 8,000+ REGISTERED USERS ABLE TO ADD AND EDIT VIDEOS WITH FAR MORE USERS. AS A NEXT STEP, DEVELOPMENT WORK WAS BEGUN ON A COMPANION WEBSITE THAT WOULD BE GEARED TO HELPING YOUNG CHILDREN LEARN TO READ EFFECTIVELY.

4c (Code: []) (Expenses \$ 333,576. including grants of \$ 170,031.) (Revenue \$)

See Schedule O

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

(Expenses \$ 110,764. including grants of \$ 44,322.) (Revenue \$)

4e Total program service expenses 1,722,827.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
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? <i>If 'Yes,' complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f 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 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the 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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</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? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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>	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>		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>		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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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>		X
25b 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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		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>		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>		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>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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>		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>		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.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	0
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
1 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	6
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X
3 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
4 b	If 'Yes,' enter the name of the foreign country: ▶ _____ See instructions for 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
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	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
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7 Organizations that may receive deductible contributions under section 170(c).			
7 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
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X
7 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
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
9 a	Did the organization make any taxable distributions under section 4966?	9 a	
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
10 Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
10 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:			
11 a	Gross income from members or shareholders.	11 a	
11 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	
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13 a	
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b	
13 c	Enter the amount of reserves on hand	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b	

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.

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	1 a	18	
b Enter the number of voting members included in line 1a, above, who are independent	1 b	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If 'Yes,' provide the names and addresses in Schedule O.</i>	9		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?	10 a		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?	10 b		
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
b 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? <i>If 'No,' go to line 13.</i>	12 a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this is done See Schedule O.</i>	12 c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	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.	15 a	X	
b Other officers of key employees of the organization. See Schedule O.	15 b	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?	16 a		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?	16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 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

Check if Schedule O contains a response to any question in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) TOM PITTMAN President	50	X		X	X			119,162.	0.	0.
(2) DOUG THORNTON Director	0.25	X						0.	0.	0.
(3) STEVE BEENE Director	0.25	X						0.	0.	0.
(4) BETTY JO DULANEY Director	0.25	X						0.	0.	0.
(5) ROB TYNER Vice President	0.5	X		X				0.	0.	0.
(6) MARY LEE BROWN Chairman	0.5	X		X				0.	0.	0.
(7) DR. BARBARA SMITH Chairman	0.5	X		X				0.	0.	0.
(8) MIKE ANDERSON Treasurer	0.5	X		X				0.	0.	0.
(9) CHARLES BURNETT, III Director	0.25	X						0.	0.	0.
(10) GEORGE COSSAR, III Director	0.25	X						0.	0.	0.
(11) DR. ISHMELL EDWARDS Director	0.25	X						0.	0.	0.
(12) JOAN FERGUSON Director	0.25	X						0.	0.	0.
(13) JACKIE FRANKLIN Director	0.25	X						0.	0.	0.
(14) DR. ELEANOR GILL Secretary	0.25	X						0.	0.	0.
(15) WILLIAM PRIDE, JR. Director	0.25	X						0.	0.	0.
(16) GREG TAYLOR Director	0.25	X						0.	0.	0.
(17) CYNTHIA WARE Director	0.25	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18) <u>MACKEY MOORE</u> Director	0.25	X					0.	0.	0.	
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1 b Sub-total							119,162.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							119,162.	0.	0.	

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 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LARRY SANGER 7910 BROOKFIELD PLACE CANAL WINCHESTER, OH 43110	WEB PROGRAM DEVELOPM	110,000.

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

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	23,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	2,066,357.				
	g Noncash contributions included in lns 1a-1f: \$						
h Total. Add lines 1a-1f			2,089,857.				
PROGRAM SERVICE REVENUE	2 a ADMINISTRATIVE FEES	Business Code	74,376.	74,376.			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g Total. Add lines 2a-2f			74,376.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		109,186.			109,186.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	90,316.			
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)		90,316.			
		d Net gain or (loss)			90,316.		90,316.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		213,498.			
		b Less: direct expenses			79,255.		
		c Net income or (loss) from fundraising events			134,243.		134,243.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	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			2,497,978.	74,376.	0.	333,745.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	829,948.	829,948.		
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	188,224.	112,934.	37,645.	37,645.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	41,494.	24,896.	8,299.	8,299.
10 Payroll taxes	23,112.	13,867.	4,623.	4,622.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	535,610.	525,610.	10,000.	
12 Advertising and promotion	1,443.	866.		577.
13 Office expenses	9,441.	5,665.	1,888.	1,888.
14 Information technology	1,205.	723.	241.	241.
15 Royalties				
16 Occupancy	20,679.	12,407.	4,136.	4,136.
17 Travel	32,931.	19,759.	6,586.	6,586.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,292.	3,175.	1,059.	1,058.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,121.	1,873.	624.	624.
23 Insurance	925.	555.	185.	185.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BAD DEBT</u>	1,000,000.		1,000,000.	
b <u>PROGRAM ACTIVITIES</u>	73,187.	73,187.		
c <u>Printing and Publications</u>	8,981.	5,389.	1,796.	1,796.
d <u>TELEPHONE- LAND & MOBILE</u>	6,357.	3,814.	1,272.	1,271.
e <u>REPAIRS AND MAINTAINENCE</u>	6,132.	3,679.	1,227.	1,226.
f All other expenses	21,640.	12,982.	4,331.	4,327.
25 Total functional expenses. Add lines 1 through 24f	2,928,884.	1,722,827.	1,107,744.	98,313.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	1,203,230.	2	2,938,251.	
	3	Pledges and grants receivable, net	2,689,017.	3	3,289,382.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net	1,000,000.	7		
	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	14,110.		
	b	Less: accumulated depreciation	10b	9,880.	10c	4,230.
	11	Investments — publicly traded securities	4,443,071.	11	3,043,118.	
	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	851,001.	15	754,469.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,191,450.	16	10,029,475.		
LIABILITIES	17	Accounts payable and accrued expenses	13,607.	17	32,073.	
	18	Grants payable		18		
	19	Deferred revenue		19	244,229.	
	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	153,162.	25	159,398.	
	26	Total liabilities. Add lines 17 through 25	166,769.	26	435,700.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	9,056,181.	27	8,655,357.	
	28	Temporarily restricted net assets	968,500.	28	938,418.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <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, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances.	10,024,681.	33	9,593,775.	
34	Total liabilities and net assets/fund balances.	10,191,450.	34	10,029,475.		

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,497,978.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,928,884.
3	Revenue less expenses. Subtract line 2 from line 1	3	-430,906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,024,681.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,593,775.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
2d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	1,504,712.	1,413,970.	891,676.	1,342,589.	1,008,891.	6,161,838.
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 by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	1,504,712.	1,413,970.	891,676.	1,342,589.	1,008,891.	6,161,838.
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).						660,666.
6 Public support. Subtract line 5 from line 4.						5,501,172.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	1,504,712.	1,413,970.	891,676.	1,342,589.	1,008,891.	6,161,838.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	44,504.	140,979.	-37,522.	100,653.	100,652.	349,266.
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.						6,511,104.
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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	84.5 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	85.7 %
16a 33-1/3% support test – 2010. 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.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2009. 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.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. 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.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. 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.	<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.	<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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. 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 – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

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 an organization 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 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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	CHARLES BOONE ----- 3501 CHAMBERS CHAPEL RD ----- ARLINGTON, TN 38002 -----	\$ 347,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	TEACH FOR AMERICA, INC ----- 315 W 36TH ST, 6TH FLOOR ----- NEW YORK, NY 10018 -----	\$ 138,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	THE PITTMAN FAMILY FOUND ----- 150 COLUMBUS AVE, APT 17C ----- NEW YORK, NY 10023 -----	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	ROCK RIVER FOUNDATION, INC ----- 230 W 41ST ST, 15 FLOOR ----- NEW YORK, NY 10036 -----	\$ 69,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	HERBERT S WINOKUR, JR ----- 30 EAST ELM ST ----- GREENWICH, CT 06830 -----	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	QUITMAN CO DEVELOPMENT ORG ----- P O BOX 386 ----- MARKS, MS 38646 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

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.) \$ 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)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number

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. Includes rows for total number, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 4 columns: Line number, Description, and Held at the End of the Tax Year (2a-2d). Includes questions about conservation easement purposes, monitoring, and expenses.

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.

Table with 2 columns: Line number and Amount. Includes questions about reporting art and historical treasures.

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
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 the 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	5,545,707.	4,049,742.	0.		
b Contributions	464,364.	1,109,883.			
c Net investment earnings, gains, and losses	296,064.	637,669.			
d Grants or scholarships	78,283.	87,512.			
e Other expenditures for facilities and programs		110,151.			
f Administrative expenses	65,986.	53,924.			
g End of year balance	6,161,866.	5,545,707.	0.		

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

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

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

	Yes	No
(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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Part VI 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		9,796.	5,736.	4,060.
e Other		4,314.	4,144.	170.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 4,230.

BAA

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	754,469.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) AGENCY FUND	159,398.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	159,398.

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	2,497,978.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2,928,884.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	-430,906.
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	-430,906.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	1 2,497,978.
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 2,497,978.
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 2,497,978.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	1 2,928,884.
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 2,928,884.
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 2,928,884.

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 II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 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 column (a) through column (c))
1	Gross receipts	213,498.			213,498.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	213,498.			213,498.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	25,272.		25,272.
	8	Entertainment			
	9	Other direct expenses	53,983.		53,983.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				134,243.

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 column (a) through column (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)				
8	Net gaming income summary. Combine lines 1, column (d) and line 7				

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? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	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? Yes No

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? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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. Part II can be duplicated 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
(1) DELTA BLUES MUSEUM P.O. BOX 459 CLARKSDALE, MS 38614	64-0911800		9,650.	0.			SUPPORT OF MUSIC EDUCATION
(2) DELTA MISSIONS FOUNDAT P.O. BOX 329 MARKS, MS 38646	20-8949020		10,000.	0.			SUPPORT OF YOUTH HEALTH PROGRAMS
(3) DESOTO CIVIC CENTER 4560 VENTURE DRIVE SOUTHAVEN, MS 38671	72-1352162		15,647.	0.			SUPPORT OF HEALTH RELATED EVENTS YOUTH LEADERSHIP
(4) DESOTO COUNTY SCHOOLS 5 EAST SOUTH STREET HERNANDO, MS 38632	64-600032		25,000.	0.			PROGRAM SUPPORT OF TECHNICAL
(5) DIGITAL OPPORTUNITY TR 520 WEST CANAL ST. PICAYUNE, MS 39466	20-4993061		6,000.	0.			INTERNS SUPPORT FOR WORD ON
(6) FIRST REGIONAL LIBRARY P.O. BOX 386 HERNANDO, MS 38632	64-6001406		8,200.	0.			WHEELS MOBILE LIBRARY
(7) HERNANDO UNITED METHODIST 1890 MT. PLEASANT ROAD HERNANDO, MS 38632	64-0562848		17,250.	0.			GENERAL SUPPORT FOR CHURCH

2 Enter total number of section 501(c)(3) and government organizations ▶ 26

3 Enter total number of other organizations ▶ 2

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 1 of 3

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST	Employer identification number 94-3421724
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HERNANDO YOUTH SPORTS 2470 HWY 51 SOUTH HERNANDO, MS 38632							GENERAL SUPPORT FOR YOUTH
HOUSE OF GRACE P.O. BOX 272 SOUTHAVEN, MS 38671	72-1398030		50,000.				RECREATIO SUPPORT FOR WOMEN
IDA B. WELLS-BARNETT M 220 N. RANDOLPH ST. HOLLY SPRINGS, MS 38635	31-1640839		6,725.				OF DOMESTIC VIOLE
IMPACT MISSIONS 868 GOODMAN RD SOUTHAVEN, MS 38671	58-2250132		10,000.				YOUTH ORAL HISTORY PROJECT
JONESTOWN FAMILY CENTE P.O. BOX 248 JONESTOWN, MS 38639	64-0719250		10,000.				SUPPORT SUPPORT FOR
LAUSANNE COLLEGIATE SC 1381 WEST MASSEY ROAD MEMPHIS, TN 38120	29-2122643		10,000.				ABUSED/NEG LECTED CHILDR
LIVING WATERS OF HONDURAS P.O. BOX 591 HORN LAKE, MS 38637	64-0517292		8,000.				PRE-SCHOOL PROGRAM SUPPORT
MISSISSIPPI FESTIVAL F 308 N. MAIN ST.	47-0866602		7,000.				SUPPORT OF LAPTOP INSTITUTE
							WATER PURIFICATI ON PROJECT
							SUPPORT OF YOUTH

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 2 of 3

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST	Employer identification number 94-3421724
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SARDIS, MS 38666	87-0782665		6,000.	0.			MUSIC PERFORMANCES
MISSISSIPPI STATE UNIV P.O. BOX 5328 MS STATE, MS 39762	61-6000819		7,430.				HISTORICAL PROJECT FOR
MISSISSIPPI STATE UNIV P.O. BOX 5328 MS STATE, MS 39762	64-6000819		10,930.				SUMNER, MS EDUCATION SCHOLARSHIPS
MS CONFERENCE- UMC P.O. BOX 1201 JACKSON, MS 39215	58-1925847		31,105.				FAMILIES IN THE MS DELTA
NORTH DELTA SCHOOL, INC. 330 GREEN WAVE LANE BATESVILLE, MS 38606	64-6034418		12,159.				SUPPORT FOR THE DELTA
NORTH MS LAND TRUST/DESOT 316 WEST COMMERCE STREET HERNANDO, MS 38632	26-3698213		32,231.				SCHOOL SUPPORT OF GREENWAYS DEVELOPMENT
NORTHWEST MS COMMUNITY 4975 HWY 51N SENATOBIA, MS 38668	51-0161757		60,000.				EDUCATIONAL SCHOLARSHIPS
NW MS YOUTH CHORALE 700 DILWORTH LAND HERNANDO, MS 38632							SUPPORT OF YOUTH CHORAL

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 3 of 3

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST	Employer identification number 94-3421724
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PLEASANT HOPE MB CHURC P.O. BOX 627 LAMBERT, MS 38643	94-3421724		8,256.	0.			PROGRAM SUPPORT FOR HEALTH INITIATIVE
QUITMAN COUNTY DEVELOPMEN P.O. BOX 386 MARKS, MS 38646			14,881.				SUPPORT FOR YOUTH
RYAN'S RANCH P.O. BOX 17443 MEMPHIS, TN 38187	64-0629668		20,000.				FINANCIAL LITERACY PROGRAM
TUTWILER COMUNITY EDUC P.O. BOX 448 TUTWILER, MS 38963	24-3775024		5,166.				DEVELOPMEN T OF CENTER FOR SPECIAL N SUPPORT OF YOUTH
WARRIOR MINISTRIES CENTER P.O. BOX 1351 SOUTHAVEN, MS 38671	58-1887449		6,105.				AFTER-SCHOOL & SUM SUPPORT FOR MEN AS THEY LEAVE PRISON AND
YOUTH OPPORTUNITIES UN P.O. BOX 294 MARKS, MS 38646	30-0057701		10,000.				RE-ENTER SOCIETY
	72-1391886		8,000.				YOUTH SERVICES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number

94-3421724

OMB No. 1545-0047

2010

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CFNM, LLC 315 LOSHER, SUIT HERNANDO, MS 386	INVESTMENT	MS	N/A		0.	754,469.		X	N/A	X		
(2) ----- ----- -----												
(3) ----- ----- -----												

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
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	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.....		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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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) SUPPORTED SCHOLARSHIP PROGRAM AT NORTHWEST MISSISSIPPI COMMUNITY COLLEGE AND
OTHER SCHOOLS
- 2) FUNDED THE ESTABLISHMENT OF AN INSTITUTE TO ASSIST CITY AND COUNTY PLANNING
THROUGHOUT NORTHWEST MISSISSIPPI
- 3) SUPPORTED EXPANSION TO 51 DELTA SCHOOLS THE TEACH UP! PROGRAM WITH AN INTERN IN
EACH SCHOOL ALL YEAR TO HELP TEACHERS LEARN TO USE TECHNOLOGY MORE EFFECTIVELY
- 4) FUNDED THE CREATION OF THE NORTH MISSISSIPPI LAND TRUST AND DEVELOPMENT OF DESOTO
COUNTY GREENWAYS
- 5) HELPED HOMELESS MEN AND HOMELESS/ABUSED WOMEN LEARN JOB SKILLS TO SUPPORT THEIR
LIVING IN SAFE PLACES
- 6) PROVIDED FOR 30 HIGH SCHOOL JUNIORS AND SENIORS IN DESOTO COUNTY TO PARTICIPATE
IN A YEAR-LONG LEADERSHIP PROGRAM
- 7) SUPPORTED THE WORK OF JONESTOWN AND TUTWILER FAMILY LEARNING CENTERS
- 8) SUPPORTED EXPANSION OF YOUTH FINANCIAL LITERACY PROGRAMS IN QUITMAN AND

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number 94-3421724

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

SURROUNDING COUNTIES

9) HELPED TO PROVIDE PROFESSIONAL THEATRICAL PERFORMANCES AND RELATED EDUCATIONAL EXPERIENCES FO STUDENTS IN PUBLIC SCHOOLS

10) ASSISTED PUBLIC SCHOOLS AND NONPROFITS TO CREATE PROGRAMS FOR CHILDREN IN AUTISTIC SPECTRUM

11) HELPED THE REGIONAL LIBRARY'S BOOKMOBILE MAKE 200+ VISITS TO EARLY CHILD CARE CENTERS WITH BOOKS, MENTORING AND OTHER RESOURCES

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

THE COMMUNITY FOUNDATION'S THIRD 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 MISSISSIPPIANS 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) OPERATION 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) DEVELOPMENT OF 3-COUNTY PARTNERSHIP TO DEVELOP AND IMPLEMENT LOCAL POLICIES AND

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number 94-3421724

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

ENVIRONMENTAL CHANGES TO IMPROVE HEALTHY EATING AND ACTIVE LIVING

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.
4) BECAME PART OF THE COUNTY'S DISASTER RESPONSE PLAN WITH RESPONSIBILITY FOR COORDINATING VOLUNTEER ASSISTANCE

Form 990, Part VI, Line 11b - 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

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI

Employer identification number 94-3421724

Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

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 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 2010 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 2010 WITH HIM. THE CHAIRMAN PRESENTED THIS REVIEW TO THE BOARD AT THE NOVEMBER 17, 2010 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.

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

THE COMMUNITY FOUNDATION OF NORTHWEST 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.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print	Name of exempt organization COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI	Employer identification number 94-3421724
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 315 LOSHER STREET #100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HERNANDO, MS 38632	

Enter the Return code for the return that this application is for (file a separate application for each return).

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of. ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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

BAA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

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

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

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

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of exempt organization COMMUNITY FOUNDATION OF NORTHWEST MISSISSIPPI	Employer identification number 94-3421724
	Number, street, and room or suite number. If a P.O. box, see instructions. F O Givens and Co. 5699 Getwell Road Bldg E Suite 5	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Southaven, MS 38672	

Enter the Return code for the return that this application is for (file a separate application for each return)..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in care of. ▶ TOM PITTMAN
 Telephone No. ▶ 662-449-5002 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2011.
- 5 For calendar year 2010, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension... Waiting on K-1 from LLC, and waiting on audited financial statements to properly and accurately complete 990

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

Signature and Verification

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

Signature ▶ _____ Title ▶ President Date ▶ _____