

# Return of Organization Exempt From Income Tax

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

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

**A** For the 2010 calendar year, or tax year beginning **APR 1, 2010** and ending **MAR 31, 2011**

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>COMMUNITY FOUNDATION OF GREATER JACKSON, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>525 EAST CAPITOL ST 5B</b><br>City or town, state or country, and ZIP + 4<br><b>JACKSON, MS 39201</b><br><b>F</b> Name and address of principal officer: <b>LUTHER S. OTT</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>64-0845750</b><br><b>E</b> Telephone number<br><b>601-974-6044</b><br><b>G</b> Gross receipts \$ <b>9,511,250.</b><br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |
| <b>J</b> Website: ▶ <b>WWW.CFGJ.ORG</b>   |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>MS</b>   |

**Part I Summary**

|  |   |   |                                   |                                 |
|--|---|---|-----------------------------------|---------------------------------|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION'S PRIMARY PURPOSE IS TO SERVE THE METROPOLITAN JACKSON AREA AS A COMMUNITY FOUNDATION.</b> |   |                                   |                                 |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                                   |                                 |
| Activities & Governance  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b>  | <b>14</b>                         |                                 |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>  | <b>14</b>                         |                                 |
|  | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....   | <b>5</b>  | <b>4</b>                          |                                 |
|  | <b>6</b> Total number of volunteers (estimate if necessary) .....   | <b>6</b>  | <b>10</b>                         |                                 |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>   | <b>0.</b>                         |                                 |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....   | <b>7b</b>   | <b>0.</b>                         |                                 |
|  | Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                      | Prior Year<br><b>3,842,022.</b>   | Current Year<br><b>740,809.</b> |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  |   | <b>0.</b>   | <b>0.</b>                         |                                 |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      |   | <b>-395,817.</b>  | <b>450,735.</b>                   |                                 |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           |   | <b>19,708.</b>  | <b>62,606.</b>                    |                                 |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... |   | <b>3,465,913.</b>   | <b>1,254,150.</b>                 |                                 |
| Expenses   |   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                  | <b>2,149,968.</b>                 | <b>1,749,319.</b>               |
|  |   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                     | <b>0.</b>                         | <b>0.</b>                       |
|  |   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... | <b>382,447.</b>                   | <b>335,669.</b>                 |
|  |   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                    | <b>0.</b>                         | <b>0.</b>                       |
|  |   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>32,721.</b>               |                                   |                                 |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....  | <b>333,103.</b>   | <b>305,666.</b>                   |                                 |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | <b>2,865,518.</b>   | <b>2,390,654.</b>                 |                                 |
|  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....  | <b>600,395.</b>   | <b>-1,136,504.</b>                |                                 |
| Net Assets or Fund Balances  | <b>20</b> Total assets (Part X, line 16) .....  | Beginning of Current Year<br><b>25,487,042.</b>   | End of Year<br><b>27,407,486.</b> |                                 |
|  | <b>21</b> Total liabilities (Part X, line 26) .....   | <b>3,791,360.</b>   | <b>4,109,764.</b>                 |                                 |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....  | <b>21,695,682.</b>  | <b>23,297,722.</b>                |                                 |

**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.

|                               |  |  |                         |   |
|-------------------------------|--|--|-------------------------|---|
| <b>Sign Here</b>              | Signature of officer<br><b>LUTHER S. OTT, CHAIRMAN AND CEO</b><br>Type or print name and title | Date<br><br>                                       |                         |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>MARSHA H. DIECKMAN, CPA</b>                                   | Preparer's signature<br><b>MARSHA H. DIECKMAN,</b> | Date<br><b>12/02/11</b> | Check <input type="checkbox"/> if self-employed<br>PTIN                             |
|                               | Firm's name ▶ <b>HORNE LLP</b>   | Firm's EIN ▶                                       |                         | Firm's address ▶ <b>1020 HIGHLAND COLONY PKWY, STE. 400<br/>RIDGELAND, MS 39157</b> |
| Phone no. <b>601-326-1000</b> |  |  |                         |   |

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: THE COMMUNITY FOUNDATION OF GREATER JACKSON IS A NONPROFIT, COMMUNITY CORPORATION CREATED BY AND FOR THE PEOPLE OF HINDS, RANKIN AND MADISON COUNTIES. THE ORGANIZATION HELPS CHARITABLE DONORS ESTABLISH PERMANENT GIVING FUNDS THAT REFLECT INDIVIDUAL PHILANTHROPIC INTERESTS

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

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

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

4a (Code: ) (Expenses \$ 2,268,828. including grants of \$ 1,749,319. ) (Revenue \$ 117,363. ) THE FOUNDATION'S MISSION IS TO PROVIDE PHILANTHROPIC LEADERSHIP BY MEETING THE NEEDS OF THE REGION'S DONORS AND GRANT SEEKERS. IT ENCOURAGES DONATIONS FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 2,268,828.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, 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</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  |
| 20a | 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? <b>Note.</b> 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 |
|---|-----|----|
| <b>21</b> 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   |    |
| <b>22</b> 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   |    |
| <b>23</b> 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  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             |     | X  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>a</b> 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                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

**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 |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | 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?  |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | 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?  |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     | X  |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     | X  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</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  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

**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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   | X   |    |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>10b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JACKIE P. BAILEY, COO - 601-974-6044**  
**525 EAST CAPITOL ST. SUITE 5B, JACKSON, MS 39201**

**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**

**1a** 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)<br>Name and Title                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| LUTHER S. OTT<br>CHAIRMAN OF THE BOARD      | 3.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| HOGAN E. ALLEN<br>BOARD MEMBER              | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| ALVENO N. CASTILLA<br>TREASURER             | 2.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| J. KANE DITTO<br>BOARD MEMBER               | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| DAVID H. HOSTER, II<br>BOARD MEMBER         | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| ELLEN LEAKE<br>BOARD MEMBER                 | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| PAUL MCNEILL<br>BOARD MEMBER                | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| W. HIBBETT NEEL<br>BOARD MEMBER             | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| SARA SMITH RAY<br>SECRETARY                 | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| WORTH HAL THOMAS<br>BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| JON C. TURNER<br>BOARD MEMBER               | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| J. PAUL VARNER<br>VICE CHAIRMAN             | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| RITA WRAY<br>BOARD MEMBER                   | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| WIRT YERGER, JR.<br>BOARD MEMBER            | 1.00   | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| DOUGLAS R. BOONE<br>PRESIDENT AND CEO       | 40.00  |  |                       | X       |              |                              | 96,598. | 0.   | 11,097.   |   |
| JACKIE P. BAILEY<br>CHIEF OPERATING OFFICER | 40.00  |  |                       | X       |              |                              | 81,901. | 0.   | 15,764.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
|  |  |  |                       |         |              |                              |          |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              | 178,499. | 0.   | 26,861.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              | 178,499. | 0.   | 26,861.   |   |

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 **0**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 **0**



**Part VIII Statement of Revenue**

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |          |  |
|--|---|--|----------------------|---|---|--|----------|--|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  | 1a                   |   |   |  |          |  |
|  | b   | Membership dues  | 1b                   |   |   |  |          |  |
|  | c   | Fundraising events   | 1c                   |   |   |  |          |  |
|  | d   | Related organizations  | 1d                   |   |   |  |          |  |
|  | e   | Government grants (contributions)  | 1e                   |   |   |  |          |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f                   | 740,809.  |   |  |          |  |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |                      | 69,137.   |   |  |          |  |
|  | h   | <b>Total.</b> Add lines 1a-1f  |                      | 740,809.  |   |  |          |  |
|  | Program Service Revenue                               | 2 a  |                      | Business Code                                   |   |  |          |  |
| b  |   |  |                      |   |   |  |          |  |
| c  |   |  |                      |   |   |  |          |  |
| d  |   |  |                      |   |   |  |          |  |
| e  |   |  |                      |   |   |  |          |  |
| f  |   | All other program service revenue  |                      |   |   |  |          |  |
| g  |   | <b>Total.</b> Add lines 2a-2f  |                      |   |   |  |          |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |                      | 333,372.  |   |  | 333,372. |  |
|  | 4   | Income from investment of tax-exempt bond proceeds   |                      |   |   |  |          |  |
|  | 5   | Royalties  |                      |   |   |  |          |  |
|  | 6 a   | Gross Rents  | (i) Real             | (ii) Personal                                   |   |  |          |  |
|  |   | Less: rental expenses  |                      |   |   |  |          |  |
|  |   | Rental income or (loss)  |                      |   |   |  |          |  |
|  |   | Net rental income or (loss)  |                      |   |   |  |          |  |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities       | (ii) Other                                      |   |  |          |  |
|  |   | Less: cost or other basis and sales expenses   |                      |   |   |  |          |  |
|  |   | Gain or (loss)   |                      |   |   |  |          |  |
|  |   | Net gain or (loss)   |                      |   | 117,363.                                | 117,363.   |          |  |
|  | 8 a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a                    |   |   |  |          |  |
|  |   | Less: direct expenses  | b                    |   |   |  |          |  |
|  |   | Net income or (loss) from fundraising events   |                      |   |   |  |          |  |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a                    |   |   |  |          |  |
| Less: direct expenses                                  |   | b  |                      |   |   |  |          |  |
| Net income or (loss) from gaming activities            |   |  |                      |   |   |  |          |  |
| 10 a   | Gross sales of inventory, less returns and allowances | a  |                      |   |   |  |          |  |
|  | Less: cost of goods sold                              | b  |                      |   |   |  |          |  |
|  | Net income or (loss) from sales of inventory          |  |                      |   |   |  |          |  |
| Miscellaneous Revenue                                  |   |  | Business Code        |   |   |  |          |  |
| 11 a   | MISCELLANEOUS   | 900099   | 34,672.              |   |   | 34,672.  |          |  |
| b  | ADMIN FEE FOR AGENCY                                  | 900099   | 27,934.              |   |   | 27,934.  |          |  |
| c  |   |  |                      |   |   |  |          |  |
| d  | All other revenue                                     |  |                      |   |   |  |          |  |
| e  | <b>Total.</b> Add lines 11a-11d                       |  | 62,606.              |   |   |  |          |  |
| 12   | <b>Total revenue.</b> See instructions.               |  | 1254150.             | 117,363.  | 0.                                      | 395,978.   |          |  |

**COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.**

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  | 1,621,222.            | 1,621,222.                      |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  | 128,097.              | 128,097.                        |  |                             |
| 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 .....   | 178,499.              | 138,704.                        | 21,210.                                | 18,585.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 109,089.              | 94,242.                         | 10,425.                                | 4,422.                      |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  |                       |                                 |  |                             |
| 9 Other employee benefits .....  | 26,694.               | 22,423.                         | 2,402.                                 | 1,869.                      |
| 10 Payroll taxes .....   | 21,387.               | 17,965.                         | 1,925.                                 | 1,497.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 30,000.               | 1,500.                          | 28,500.                                |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  |                       |                                 |  |                             |
| f Investment management fees .....   | 65,634.               | 65,634.                         |  |                             |
| g Other .....  |                       |                                 |  |                             |
| 12 Advertising and promotion .....   | 21,896.               | 18,392.                         | 1,971.                                 | 1,533.                      |
| 13 Office expenses .....   | 3,301.                | 2,657.                          | 363.                                   | 281.                        |
| 14 Information technology .....  | 16,669.               | 14,002.                         | 1,500.                                 | 1,167.                      |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 16,440.               |                                 | 16,440.                                |                             |
| 17 Travel .....  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 3,723.                | 3,723.                          |  |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 799.                  | 671.                            | 72.                                    | 56.                         |
| 23 Insurance .....   | 2,103.                | 1,767.                          | 189.                                   | 147.                        |
| 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 <b>EVENTS</b> .....  | 93,308.               | 93,308.                         |  |                             |
| b <b>MISCELLANEOUS</b> .....   | 17,799.               | 15,563.                         | 1,292.                                 | 944.                        |
| c <b>PRINTING AND PUBLICATIO</b> .....   | 12,832.               | 10,522.                         | 1,283.                                 | 1,027.                      |
| d <b>DUES &amp; SUBSCRIPTIONS</b> .....  | 7,245.                | 6,086.                          | 652.                                   | 507.                        |
| e <b>POSTAGE AND SHIPPING</b> .....  | 5,797.                | 4,869.                          | 522.                                   | 406.                        |
| f All other expenses .....   | 8,120.                | 7,481.                          | 359.                                   | 280.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f .....   | 2,390,654.            | 2,268,828.                      | 89,105.                                | 32,721.                     |
| 26 <b>Joint costs.</b> 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 ..... |                       |                                 |  |                             |

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Form 990 (2010)

64-0845750 Page 11

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |      |
|---|--|--------------------------|-------------|--------------------|------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 48,702.                  | <b>1</b>    | 60,435.            |      |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,264,698.               | <b>2</b>    | 2,319,961.         |      |
|   | <b>3</b> Pledges and grants receivable, net .....  | 572,329.                 | <b>3</b>    | 483,622.           |      |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    |                    |      |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                    |      |
|   | <b>6</b> 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) ..... |                          | <b>6</b>    |                    |      |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |      |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |      |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>    |                    |      |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 44,963.       |             |                    |      |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 44,259.       | 1,503.      | <b>10c</b>         | 704. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |      |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 22,536,392.              | <b>12</b>   | 24,471,122.        |      |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |      |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |      |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 63,418.                  | <b>15</b>   | 71,642.            |      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 25,487,042.  | <b>16</b>                | 27,407,486. |                    |      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  |                          | <b>17</b>   |                    |      |
|   | <b>18</b> Grants payable .....   | 10,805.                  | <b>18</b>   | 2,500.             |      |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |      |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |      |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |      |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>   |                    |      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                    |      |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |      |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   | 3,780,555.               | <b>25</b>   | 4,107,264.         |      |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 3,791,360.               | <b>26</b>   | 4,109,764.         |      |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |      |
|   | <b>27</b> Unrestricted net assets .....  | 14,473,650.              | <b>27</b>   | 12,734,022.        |      |
|   | <b>28</b> Temporarily restricted net assets .....  | 7,222,032.               | <b>28</b>   | 10,563,700.        |      |
|   | <b>29</b> Permanently restricted net assets .....  |                          | <b>29</b>   |                    |      |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |      |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                    |      |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                    |      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                    |      |
|   | <b>33</b> Total net assets or fund balances .....  | 21,695,682.              | <b>33</b>   | 23,297,722.        |      |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 25,487,042.  | <b>34</b>                | 27,407,486. |                    |      |

Form 990 (2010)

**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 | 1,254,150.  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 2,390,654.  |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | -1,136,504. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 21,695,682. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 2,738,544.  |
| 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 | 23,297,722. |

**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 _____<br>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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><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.   |     |    |

**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 GREATER JACKSON, INC.**

Employer identification number  
**64-0845750**

**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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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   |
|--|------------|------------|------------|------------|----------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 2,444,496. | 8,695,013. | 2,465,234. | 3,842,022. | 740,809. | 18,187,574. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |          |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |          |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 2,444,496. | 8,695,013. | 2,465,234. | 3,842,022. | 740,809. | 18,187,574. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |            |            |            |            |          | 5,467,667.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |          | 12,719,907. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006   | (b) 2007   | (c) 2008   | (d) 2009   | (e) 2010 | (f) Total                |
|--|------------|------------|------------|------------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 2,444,496. | 8,695,013. | 2,465,234. | 3,842,022. | 740,809. | 18,187,574.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 433,422.   | 384,391.   | 621,984.   | 323,624.   | 333,372. | 2,096,793.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |            |            |            |            |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |          | 20,284,367.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |            |            |            |            |          | <input type="checkbox"/> |

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

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 62.71 | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 62.91 | % |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

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

(Complete only if you checked the box on line 9 of Part I 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 year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

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

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

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

**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 GREATER JACKSON,  
INC.

Employer identification number

64-0845750

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 its 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



**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, line 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 GREATER JACKSON, INC.**

Employer identification number  
**64-0845750**

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

|   | (a) Donor advised funds   | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year .....   | 56  | 75                           |
| 2 Aggregate contributions to (during year) .....  | 435,249.  | 276,901.                     |
| 3 Aggregate grants from (during year) .....   | 1,101,943.  | 694,292.                     |
| 4 Aggregate value at end of year .....  | 11,705,870.   | 11,590,011.                  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the 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                     | 13,053,357.      | 6,640,598.     | 9,652,277.         |                      |                     |
| b Contributions                                  | 2,694,600.       | 3,900,862.     | 1,256,559.         |                      |                     |
| c Net investment earnings, gains, and losses     | 2,132,236.       | 3,330,682.     | -3,259,298.        |                      |                     |
| d Grants or scholarships                         | 860,366.         | 664,991.       | 734,641.           |                      |                     |
| e Other expenditures for facilities and programs | 54,153.          | 36,606.        | 132,759.           |                      |                     |
| f Administrative expenses                        | 135,252.         | 117,188.       | 141,540.           |                      |                     |
| g End of year balance                            | 16,830,422.      | 13,053,357.    | 6,640,598.         |                      |                     |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  23.51 %
  - c Term endowment  76.49 %

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

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  |                                      | 44,963.                         | 44,259.                      | 704.           |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 704.           |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value     | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|--------------------|--|
| (1) Financial derivatives .....   |                    |  |
| (2) Closely-held equity interests .....                                 |                    |  |
| (3) Other   |                    |  |
| (A) <b>BOND MUTUAL FUNDS</b>  | 4,278,016.         | <b>END-OF-YEAR MARKET VALUE</b>                              |
| (B) <b>EQUITY MUTUAL FUNDS</b>  | 20,065,906.        | <b>END-OF-YEAR MARKET VALUE</b>                              |
| (C) <b>COMMERCIAL DEPOSITS</b>  | 127,200.           | <b>END-OF-YEAR MARKET VALUE</b>                              |
| (D)   |                    |  |
| (E)   |                    |  |
| (F)   |                    |  |
| (G)   |                    |  |
| (H)   |                    |  |
| (I)   |                    |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | <b>24,471,122.</b> |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount        |
|--|-------------------|
| (1) Federal income taxes   |                   |
| (2) <b>FUNDS HELD AS AGENCY ENDOWMENTS</b>                                 | <b>4,107,264.</b> |
| (3)  |                   |
| (4)  |                   |
| (5)  |                   |
| (6)  |                   |
| (7)  |                   |
| (8)  |                   |
| (9)  |                   |
| (10)   |                   |
| (11)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | <b>4,107,264.</b> |

**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)                                 | 1  | 1,254,150.  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 2,390,654.  |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | -1,136,504. |
| 4  | Net unrealized gains (losses) on investments   | 4  | 2,738,544.  |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV.)  | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 2,738,544.  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,602,040.  |

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

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 4,009,134. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments   | 2a | 2,738,544. |
| b | Donated services and use of facilities  | 2b | 16,440.    |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV.)   | 2d |            |
| e | Add lines 2a through 2d   | 2e | 2,754,984. |
| 3 | Subtract line 2e from line 1  | 3  | 1,254,150. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b | Other (Describe in Part XIV.)   | 4b |            |
| c | Add lines 4a and 4b   | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 1,254,150. |

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

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 2,407,094. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a | 16,440.    |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIV.)  | 2d |            |
| e | Add lines 2a through 2d  | 2e | 16,440.    |
| 3 | Subtract line 2e from line 1   | 3  | 2,390,654. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIV.)  | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 2,390,654. |

**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 V, LINE 4: PLEASE NOTE: INCLUDED IN THE CURRENT YEAR**

CONTRIBUTIONS IS \$2,581,272 WORTH OF FUNDS THAT WERE RECLASSIFIED TO THE  
ENDOWMENT THROUGH A PRIOR PERIOD ADJUSTMENT ON THE AUDIT.

THE COMMUNITY FOUNDATION HOLDS THESE ENDOWMENTS FOR OUR NON-PROFIT PARTNER  
ORGANIZATIONS AS STATED IN FOOTNOTE 5 OF OUR FINANCIALS AS WELL AS FOR  
THE FOLLOWING PURPOSES AS STATED IN FOOTNOTE 7 OF OUR FINANCIALS: MEDICAL,  
CHARITABLE, COMMUNITY ENRICHMENT, EDUCATIONAL, HISTORIC PRESERV PARKS,

**Part XIV** Supplemental Information (continued)

RECREATION, AWARDS AND SCHOLARSHIPS.

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. IN ACCORDANCE WITH ASC TOPIC 740, THE FOUNDATION HAS DETERMINED THAT

THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF MARCH 31, 2011 AND

2010. ALL TAX PERIODS AFTER 2006 REMAIN OPEN TO EXAMINATION BY THE FEDERAL

AND STATE TAXING JURISDICTIONS TO WHICH THE FOUNDATION IS SUBJECT.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.**

**Employer identification number  
64-0845750**

**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

| <b>1 (a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAGNOLIA SPEECH SCHOOL<br>733 FLAG CHAPEL ROAD<br>JACKSON, MS 39209      | 64-0435317     | 501(C)(3)                            | 6,000.                          | 0.                                       |  |   | TEACHER TRAINING<br>TEACHER TRAINING      |
| MISSISSIPPI FOOD NETWORK<br>P.O. BOX 411<br>JACKSON, MS 39205            | 64-0676325     | 501(C)(3)                            | 13,250.                         | 0.                                       |  |   | GENERAL OPER SUPPORT                      |
| EPISCOPAL DIOCESE OF MISSISSIPPI<br>P.O. BOX 23107<br>JACKSON, MS 39225  | 64-0303076     | 501(C)(3)                            | 5,421.                          | 0.                                       |  |   | PROGRAM DEVELOPMENT                       |
| BELHAVEN UNIVERSITY<br>1500 PEACHTREE ST.<br>JACKSON, MS 39202-1789      | 64-0303069     | 501(C)(3)                            | 40,000.                         | 0.                                       |  |   | GENERAL OPER SUPPORT                      |
| AMERICAN RED CROSS<br>P.O. BOX 5068<br>JACKSON, MS 39296-5068            | 53-0196605     | 501(C)(3)                            | 10,500.                         | 0.                                       |  |   | GENERAL OPER SUPPORT                      |
| MISSISSIPPI MUSEUM OF ART<br>380 SOUTH LAMAR STREET<br>JACKSON, MS 39201 | 64-6025771     | 501(C)(3)                            | 57,301.                         | 0.                                       |  |   | GENERAL OPER SUPPORT                      |

- 2** Enter total number of section 501(c)(3) and government organizations **65.**
- 3** Enter total number of other organizations **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WILKINS ELEMENTARY SCHOOL<br>1970 CASTLE HILL DRIVE<br>JACKSON, MS 39204                   | 64-6000505 | GOVT                          | 8,685.                   | 0.                                |   |  | TEACHER SUPPORT FUNDS              |
| STEWOPOT COMMUNITY SERVICES<br>1100 WEST CAPITOL STREET<br>JACKSON, MS 39203               | 64-0655566 | 501(C)(3)                     | 67,783.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| ST. ANDREW'S EPISCOPAL CATHEDRAL<br>P.O. BOX 1366<br>JACKSON, MS 39215-1366                | 64-0323059 | 501(C)(3)                     | 11,207.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| ST. JOSEPH CATHOLIC SCHOOL<br>P.O. BOX 2027<br>MADISON, MS 39130-2027                      | 64-0354039 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| ST. RICHARD CATHOLIC CHURCH<br>P.O. BOX 16547<br>JACKSON, MS 39236                         |            | 501(C)(3)                     | 26,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| REFORMED THEOLOGICAL SEMINARY<br>5422 CLINTON BLVD.<br>JACKSON, MS 39209                   | 64-0428676 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| OPERATION SHOESTRING, INC.<br>1711 BAILEY AVENUE<br>JACKSON, MS 39203                      | 64-0471554 | 501(C)(3)                     | 30,985.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| PARENTS FOR PUBLIC SCHOOLS OF JACKSON - 200 N. CONGRESS ST. - JACKSON, MS 39201            | 57-0907683 | 501(C)(3)                     | 42,425.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| MISSISSIPPI CENTER FOR NONPROFITS<br>921 N. PRESIDENT STREET, SUITE C<br>JACKSON, MS 39202 | 58-2025957 | 501(C)(3)                     | 12,199.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MISSISSIPPI SYMPHONY ORCHESTRA<br>P.O. BOX 2052<br>JACKSON, MS 39225-2052                         | 64-0273405 | 501(C)(3)                     | 15,300.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| TOUGALOO COLLEGE<br>500 WEST COUNTY LINE ROAD<br>TOUGALOO, MS 39174                               | 64-0303093 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | UNDERPRIVILEGED CHILDREN PROGRAM   |
| MILLSAPS COLLEGE<br>1701 NORTH STATE STREET<br>JACKSON, MS 39210                                  | 64-0303084 | 501(C)(3)                     | 54,085.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| JACKSON ACADEMY<br>4908 RIDGEWOOD ROAD<br>JACKSON, MS 39211                                       | 64-6012819 | 501(C)(3)                     | 27,500.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| JACKSON PUBLIC SCHOOLS<br>P.O. BOX 2338<br>JACKSON, MS 39225-2338                                 | 64-6000505 | GOVT                          | 132,329.                 | 0.                                |   |  | TEACHER SUPPORT FUNDS              |
| INTERNATIONAL BALLET COMPETITION<br>P.O. BOX 3696<br>JACKSON, MS 39207-3696                       | 64-0905927 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| GOLDRING / WOLDENBERG INSTITUTE OF SOUTHERN JEWISH LIFE - P.O. BOX 16528 - JACKSON, MS 39236-0528 | 64-0762027 | 501(C)(3)                     | 5,350.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| HABITAT FOR HUMANITY<br>P.O. BOX 55634<br>JACKSON, MS 39296-5634                                  | 64-0750633 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | FAMILY HOUSING PROGRAM SUPPORT     |
| GATEWAY RESCUE MISSION<br>P.O. BOX 3763<br>JACKSON, MS 39207                                      | 64-0369382 | 501(C)(3)                     | 17,402.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |

LHA

Schedule I (Form 990)



COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FRENCH CAMP ACADEMY<br>ONE FINE PLACE<br>FRENCH CAMP, MS 39754-9989                  | 64-0321520 | 501(C)(3)                     | 125,000.                 | 0.                                |   |  | GENERAL OPER SUPPORT               |
| FOUNDATION FOR PUBLIC BROADCASTING<br>3825 RIDGEWOOD ROAD<br>JACKSON, MS 39211       | 64-0712312 | 501(C)(3)                     | 26,051.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| MISSION MISSISSIPPI<br>P.O. BOX 22655<br>JACKSON, MS 39225-2655                      | 64-0824240 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| FIRST PRESBYTERIAN CHURCH<br>1390 NORTH STATE STREET<br>JACKSON, MS 39202            | 64-0334266 | 501(C)(3)                     | 66,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| ST. ANDREW'S EPISCOPAL SCHOOL<br>370 OLD AGENCY ROAD<br>RIDGELAND, MS 39157          | 64-0324405 | 501(C)(3)                     | 12,250.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| UNITED WAY OF THE CAPITAL AREA,<br>INC. - P.O. BOX 23169 - JACKSON,<br>MS 39225-3169 | 64-0303075 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| HARVARD BUSINESS SCHOOL<br>124 MOUNT AUBURN<br>CAMBRIDGE, MA 02138                   | 04-2103580 | 501(C)(3)                     | 13,751.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| GEORGIA TECH FOUNDATION<br>760 SPRING STREET, NW<br>ATLANTA, GA 30308                | 58-6043294 | 501(C)(3)                     | 26,644.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| MISSISSIPPI COLLEGE<br>P.O. BOX 4005<br>CLINTON, MS 39058                            | 64-0303086 | 501(C)(3)                     | 50,428.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JEAN AND TIM MEDLEY CHARITABLE FUND - P.O. BOX 16725 - JACKSON, MS 39236                                 |            | 501(C)(3)                     | 58,341.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| WATKINS ELEMENTARY SCHOOL<br>3915 WATKINS DRIVE<br>JACKSON, MS 39206                                     | 64-6000505 | GOVT                          | 5,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| UNIVERSITY OF SOUTHERN MISSISSIPPI<br>118 COLLEGE DRIVE<br>HATTIESBURG, MS 39406                         | 64-6000818 | GOVT                          | 17,338.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216                   | 64-6008520 | GOVT                          | 117,000.                 | 0.                                |   |  | GENERAL OPER SUPPORT               |
| BROADMEADOW METHODIST CHURCH/BROADMEADOW NEIGHBORHOOD ASSOCIATION - 4420 BROOK DRIVE - JACKSON, MS 39206 | 64-0323096 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | UNDERPRIVILEGED CHILDREN PROGRAM   |
| NEW STAGE THEATRE<br>1100 CARLISLE STREET<br>JACKSON, MS 39202   | 64-0435088 | 501(C)(3)                     | 7,250.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| M.B. SWAYZE EDUCATIONAL FOUNDATION<br>P.O. BOX 23276<br>JACKSON, MS 39225                                | 64-0602140 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | TEACHER SUPPORT FUNDS              |
| VANDERBILT UNIVERSITY<br>2100 WEST END AVENUE<br>NASHVILLE, TN 37203                                     | 62-0476822 | 501(C)(3)                     | 12,426.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| EPISCOPAL DIOCESE OF MISSISSIPPI<br>P.O. BOX 23107<br>JACKSON, MS 39225                                  | 64-0303076 | 501(C)(3)                     | 17,427.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHRIST UNITED METHODIST CHURCH<br>6000 OLD CANTON ROAD<br>JACKSON, MS 39211  | 64-0824240 | 501(C)(3)                     | 8,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| BETH ISRAEL CONGREGATION<br>5315 OLD CANTON ROAD<br>JACKSON, MS 39211        | 64-6013141 | 501(C)(3)                     | 8,600.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| MISSISSIPPI CENTER FOR JUSTICE<br>P.O. BOX 1023<br>JACKSON, MS 39215-1023    | 13-4203234 | 501(C)(3)                     | 12,550.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| DRESS FOR SUCCESS METRO JACKSON<br>2519 ROBINSON STREET<br>JACKSON, MS 39209 | 90-0276523 | 501(C)(3)                     | 6,325.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| ST. PATRICK CATHOLIC CHURCH<br>P.O. BOX 529<br>MERIDIAN, MS 39302            |            | 501(C)(3)                     | 7,684.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| PALMER HOME FOR CHILDREN<br>P.O. BOX 746<br>COLUMBUS, MS 39703-0746          | 64-0334999 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | UNDERPRIVILEGED CHILDREN PROGRAM   |
| CAMDEN ELEMENTARY SCHOOL<br>4784 HWY 43 NORTH<br>CAMDEN, MS 39045            | 64-0437641 | GOVT                          | 5,918.                   | 0.                                |   |  | TEACHER SUPPORT FUNDS              |
| CANTON CAREER CENTER<br>487 NO. UNION EXT.<br>CANTON, MS 39046               |            | 501(C)(3)                     | 6,190.                   | 0.                                |   |  | TEACHER SUPPORT FUNDS              |
| MCNEAL ELEMENTARY SCHOOL<br>364 M.L. KING DRIVE<br>CANTON, MS 39046          | 64-6000199 | GOVT                          | 16,491.                  | 0.                                |   |  | TEACHER SUPPORT FUNDS              |

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MISSISSIPPI ENDOWMENT FOR THE ARTS<br>200 SOUTH COMMERCE<br>JACKSON, MS 39201     |            | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPER SUPPORT               |
| SUMMIT CHARTER SCHOOL FOUNDATION,<br>INC. - P.O. BOX 2493 - CASHIERS,<br>NC 28717 | 56-2039872 | 501(C)(3)                     | 150,000.                 | 0.                                |   |  | GENERAL OPER SUPPORT               |
| WOMEN'S FUND OF MISSISSIPPI, INC.<br>120 N. CONGRESS STREET<br>JACKSON, MS 39201  | 26-4419982 | 501(C)(3)                     | 20,100.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| THE LEADERSHIP INSTITUTE<br>1101 NORTH HIGHLAND STREET<br>ARLINGTON, VA 22201     | 51-0235174 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| THE FORSAKEN CHILDREN<br>P.O. BOX 381483<br>GERMANTOWN, TN 38183-1483             | 26-3076006 | 501(C)(3)                     | 6,500.                   | 0.                                |   |  | UNDERPRIVILEGED CHILDREN PROGRAM   |
| GUIDE DOGS FOR THE BLIND, INC.<br>P.O. BOX 151200<br>SAN RAFAEL, CA 94915-1200    | 94-1196195 | 501(C)(3)                     | 12,650.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| MERCY FLIGHT SOUTHEAST, INC.<br>8864 AIRPORT BLVD.<br>LEESBURG, FL 34788          | 59-2697223 | 501(C)(3)                     | 25,301.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| CLOVER ARP CHURCH<br>127 KINGS MOUNTAIN STREET<br>CLOVER, SC 29710                | 57-0513239 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | UNDERPRIVILEGED CHILDREN PROGRAM   |
| GRAND TETON NATIONAL PARK<br>FOUNDATION - PO BOX 249 - MOOSE,<br>WY 83012         | 83-0322668 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | CAPITAL CAMPAIGN SUPPORT           |

LHA

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Schedule I (Form 990)

64-0845750

Page 1

**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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| REACHING POTENTIALS, INC.<br>1602 WILLIAM STREET<br>FREDERICKSBURG, VA 22401 | 65-0561870 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| GRACE BAPTIST CHURCH<br>5331 CLINTON BOULEVARD<br>JACKSON, MS 39209          | 64-0938423 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | CAPITAL CAMPAIGN SUPPORT           |
| REDEEMER CHURCH, PCA<br>640 EAST NORTHSIDE DRIVE<br>JACKSON, MS 39206        |            | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| CORINTH HIGH SCHOOL ALUMNI ASSOCIATION - PO BOX 1275 -<br>CORINTH, MS 38835  | 26-1403457 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL OPER SUPPORT               |
| CANTON ELEMENTARY SCHOOL<br>740 EAST ACADEMY STREET<br>CANTON, MS 39046      | 64-6000199 | GOVT                          | 8,132.                   | 0.                                |   |  | TEACHER SUPPORT FUNDS              |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |
|  |            |                               |                          |                                   |   |  |                                    |

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| EMPLOYEE EMERGENCY RELIEF       | 179                      | 69,352.                  | 0.                                |   |  |
| COLLEGE TUITION SCHOLARSHIPS    | 16                       | 24,745.                  | 0.                                |   |  |
| ARTIST STIPENDS                 | 34                       | 34,000.                  | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

SCHEDULE I, PART I, LINE 2: FOR DONOR ADVISED GRANTS, GRANTEES ARE REQUIRED TO COMPLETE A GRANT ACKNOWLEDGEMENT FORM TO CONFIRM RECEIPT OF THE GRANT. FOR COMPETITIVE GRANTS, GRANTEES ARE REQUIRED TO COMPLETE A FORMAL EVALUATION REPORT SIX MONTHS FROM THE DATE OF THE GRANT. GRANTEES MUST BE OPEN TO SITE VISITS FROM OUR GRANTS COMMITTEE. ORGANIZATIONS AWARDED GRANTS FROM A FORMAL PROPOSAL PROCESS ARE REQUIRED TO SUBMIT QUARTERLY STATUS REPORTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF GREATER JACKSON, INC.**

Employer identification number  
**64-0845750**

**Part I Questions Regarding Compensation**

|   | Yes   | No   |  |  |  |   |   |  |  |  |
|---|---|--|--|--|--|---|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use            |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |  |  |  |   |   |  |  |  |
| <p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>  | <b>1b</b>   |  |  |  |  |   |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>  | <b>2</b>  |  |  |  |  |   |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations           | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee  | <input type="checkbox"/> Written employment contract                                |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |  |  |  |   |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |   |   |  |  |  |
| <p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>  | <b>4a</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>   | <b>4b</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4c</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>   |   |  |  |  |  |   |   |  |  |  |
| <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>  | <b>5a</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>   | <b>5b</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>  | <b>6a</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>   | <b>6b</b>   | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>  | <b>7</b>  | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>   | <b>8</b>  | <b>X</b>   |  |  |  |   |   |  |  |  |
| <p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>  | <b>9</b>  |  |  |  |  |   |   |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

**COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.**

**64-0845750**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C)<br>Retirement and other deferred compensation | (D)<br>Nontaxable benefits | (E)<br>Total of columns (B)(i)-(D) | (F)<br>Compensation reported in prior Form 990 or Form 990-EZ |
|-----------|------|--|-------------------------------------|-------------------------------------|---|----------------------------|------------------------------------|---|
|           |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |   |                            |                                    |   |
| <b>1</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>2</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>3</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>4</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>5</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>6</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>7</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>8</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>9</b>  | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>10</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>11</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>12</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>13</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>14</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>15</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |
| <b>16</b> | (i)  |  |                                     |                                     |   |                            |                                    |   |
|           | (ii) |  |                                     |                                     |   |                            |                                    |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **COMMUNITY FOUNDATION OF GREATER JACKSON, INC.**

Employer identification number  
**64-0845750**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 8   | 69,137.  | FAIR MARKET VALUE   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

|  |   |
|--|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF GREATER JACKSON,<br/>INC.</b> | Employer identification number<br><b>64-0845750</b> |
|--|---|

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHILE ALSO MAKING A LONG TERM, POSITIVE IMPACT ON THE COMMUNITY. THE ORGANIZATION CONNECTS PEOPLE WHO GIVE WITH NEEDS THAT MATTER.

FORM 990, PART VI, SECTION A, LINE 6: THE COMMUNITY FOUNDATION OF GREATER JACKSON, INC. IS ORGANIZED AND OPERATES EXCLUSIVELY AS A NON-PROFIT, NON-STOCK ISSUING CORPORATION. THE FOUNDATION ISSUES NO SHARES AND NO MEMBER OF THE FOUNDATION RECEIVES ANY SHARES IN THE CORPORATION. THE MEMBERS OF THE CORPORATION ARE THE INDIVIDUALS SERVING AS THE TRUSTEES ON THE BOARD OF TRUSTEES OF THE FOUNDATION. THE MEMBERS OF THE BOARD OF TRUSTEES ARE THE GOVERNING BODY OF THE FOUNDATION. THESE MEMBERS MAY NOT TRANSFER A MEMBERSHIP OR ANY RIGHT CONNECTED TO A MEMBERSHIP. THE FOUNDATION DOES NOT MAKE ANY DISTRIBUTIONS OF DIVIDENDS OR PAYMENTS OF ANY PART OF THE INCOME, PROFITS OR EARNINGS TO ANYONE - INCLUDING THE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES OF THE FOUNDATION FOR THEIR REVIEW. QUESTIONS, COMMENTS AND REVIEW POINTS FROM THE BOARD WERE ADDRESSED AND INCORPORATED INTO THE FORM 990. ALL MEMBERS OF THE BOARD OF TRUSTEES WERE THEN PROVIDED WITH AN ELECTRONIC COPY OF THE FINAL FORM 990 AS FILED WITH THE IRS. THIS ENTIRE PROCESS WAS TRANSACTED AND COMPLETED BEFORE THE FORM 990 IRS FILING DEADLINE.

THE INDEPENDENT ACCOUNTING FIRM CONTRACTED BY THE FOUNDATION PREPARES THE FORM 990 AS SOON AS THE ANNUAL FINANCIAL STATEMENT AUDIT IS COMPLETE. THE

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | COMMUNITY FOUNDATION OF GREATER JACKSON,<br>INC. | Employer identification number | 64-0845750 |
|--------------------------|--|--------------------------------|------------|

FIRM PROVIDES A DRAFT OF THE RETURN TO THE COO OF THE FOUNDATION. THE COO REVIEWS THE FORM FOR ACCURACY, COMPLETENESS AND CLARITY IN REPORTING ALL ASPECTS OF THE FOUNDATION'S OPERATIONS. ANY REVISIONS OR ADJUSTMENTS ARE DISCUSSED AND AGREED UPON WITH THE ACCOUNTING FIRM. THE COO THEN REVIEWS THE REVISED DRAFT WITH THE PRESIDENT/CEO AND THE FINANCE COMMITTEE OF THE FOUNDATION. ONCE THE ACCOUNTING FIRM, THE COO, THE PRESIDENT/CEO, AND THE FINANCE COMMITTEE ARE SATISFIED WITH THE RETURN, A DRAFT IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. THEIR QUESTIONS AND COMMENTS, IF ANY, ARE ADDRESSED AND INCORPORATED INTO THE FORM WITH THE FINAL VERSION PRESENTED TO THE BOARD FOR APPROVAL. ONCE APPROVED BY THE BOARD, THE FORM 990 IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY DISCLOSE IN A WRITTEN AND SIGNED STATEMENT ANY INTERESTS WHICH COULD GIVE RISE TO A CONFLICT. ALL POSSIBLE CONFLICTS AS LISTED IN THESE FILINGS ARE DULY NOTED AND CONSIDERED BY THE FOUNDATION'S CEO AND COO DURING THE YEAR AS TOPICS ARISE ON THE AGENDA BEFORE THE BOARD. IN ADDITION, ALL AGENDA TOPICS BEFORE THE BOARD AND BOARD COMMITTEES ARE CONSIDERED IN LIGHT OF ANY POSSIBLE CONFLICTS WITH THE MEMBERS. MEMBERS ARE INSTRUCTED TO NOTIFY THE FOUNDATION'S CEO AND/OR COO FOR CHANGES DURING THE YEAR TO THEIR REPORTED POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT/CEO POSITION IS DETERMINED BY A SEARCH COMMITTEE THAT IS APPOINTED BY THE CHAIRMAN AND THE BOARD OF THE FOUNDATION. THE COMMITTEE IS COMPOSED OF THE CHAIRMAN, CURRENT BOARD MEMBERS, FORMER BOARD MEMBERS AND COMMUNITY LEADERS EXPERIENCED WITH OTHER NON-PROFIT ORGANIZATIONS IN OUR SERVICE AREA.

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | COMMUNITY FOUNDATION OF GREATER JACKSON, INC. | Employer identification number | 64-0845750 |
|--------------------------|---|--------------------------------|------------|

THE COMMITTEE INVESTIGATES THE COMPENSATION OF CEOS OF OTHER LOCAL NON-PROFITS AS WELL AS THE HISTORICAL COMPENSATION PAID FOR THIS POSITION BY THE FOUNDATION. THE COMMITTEE CONSIDERS THIS COMPENSATION SURVEY INFORMATION ALONG WITH THE PREVAILING ECONOMIC CLIMATE AND THE FOUNDATION'S FINANCIAL CONDITION TO DEVELOP THE CEO COMPENSATION PACKAGE. THE COMMITTEE PRESENTS THE COMPENSATION PACKAGE FOR REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD.

THIS ENTIRE PROCESS IS DOCUMENTED IN THE MEETING MINUTES OF THE SEARCH COMMITTEE, EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19: THE COMMUNITY FOUNDATION OF GREATER JACKSON PROVIDES PUBLIC ACCESS TO OUR POLICY & PROCEDURES MANUAL, OUR CONFLICT OF INTEREST POLICY (AS INCLUDED IN THE POLICY & PROCEDURES MANUAL), OUR ANNUAL AUDITED FINANCIAL STATEMENTS AND OUR ANNUAL FORM 990 AS FILED WITH THE IRS. THIS INFORMATION IS AVAILABLE TO THE GENERAL PUBLIC ON OUR WEBSITE AT WWW.CFGJ.ORG. WE ALSO PROVIDE ELECTRONIC OR PAPER COPIES BY REQUEST AS WELL AS MAKE THESE DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION AT OUR OFFICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 2,738,544.

FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE:

COMMUNITY FOUNDATION OF GREATER JACKSON DOES HAVE A FINANCE COMMITTEE (FORMERLY CALLED THE AUDIT COMMITTEE). THIS COMMITTEE IS ALWAYS CHAIRED BY A BOARD MEMBER WITH BOARD MEMBERS AND NON-BOARD MEMBER VOLUNTEERS WITH FINANCIAL BACKGROUNDS SERVING ON THE COMMITTEE. THE

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | COMMUNITY FOUNDATION OF GREATER JACKSON, INC. | Employer identification number | 64-0845750 |
|--------------------------|---|--------------------------------|------------|

NUMBER OF MEMBERS ON THE FINANCE COMMITTEE IS DETERMINED EACH YEAR BY THE BOARD CHAIRMAN.

THE FINANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE ANNUAL AUDIT AND FORM 990 AND RECOMMENDING APPROVAL OR MODIFICATION OF THESE DOCUMENTS TO THE BOARD. THE COMMITTEE ALSO MEETS AT LEAST QUARTERLY TO REVIEW THE MONTHLY IN-HOUSE FINANCIAL STATEMENTS. NO ONE FROM THE FOUNDATION STAFF IS ALLOWED TO SERVE ON THE FINANCE COMMITTEE. AT LEAST ONE MEMBER OF THE FINANCE COMMITTEE IS REQUIRED TO MEET THE STANDARD OF A "FINANCIAL EXPERT" - ONE WHO HAS THE FINANCIAL EDUCATION AND EXPERIENCE NEEDED TO UNDERSTAND, ANALYZE AND REASONABLY ASSESS THE FINANCIAL STATEMENTS AS WELL AS THE COMPETENCY OF THE AUDITING FIRM. THE CHAIRMAN OF THE FINANCE COMMITTEE FOR 2010-2011 IS JON TURNER, CPA AND PARTNER IN THE JACKSON, MS OFFICE OF BKD, LLP - CPAS AND ADVISORS. THE COMMITTEE ALSO INCLUDES TWO COMMERCIAL BANKERS, A TAX ATTORNEY WHO IS ALSO A CPA, AN INVESTMENT ADVISOR AND OTHER PROFESSIONALS WELL VERSED IN FINANCIAL MATTERS.

DUTIES AND RESPONSIBILITIES OF FINANCE COMMITTEE:

\* SELECT AN ACCOUNTING FIRM TO PERFORM AN ANNUAL AUDIT OF THE FINANCIAL STATEMENTS AND TO PREPARE THE IRS FORM 990.

\* REVIEW AND EXECUTE ENGAGEMENT LETTER TERMS WITH THE ACCOUNTING FIRM.

\* REVIEW OF DRAFTS AND FINAL ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR RECOMMENDATION OF ACCEPTANCE TO THE FULL BOARD.

\* WORK CLOSELY WITH FOUNDATION STAFF AND THE AUDITOR TO MONITOR THE FOUNDATION'S FINANCIAL CONDITION.

\* DISCUSS ANY MANAGEMENT PROBLEMS DISCLOSED BY THE AUDITOR, IF ANY,

Name of the organization **COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.**

Employer identification number  
**64-0845750**

**WITH STAFF AND ENSURE THAT RECOMMENDED CHANGES IN PROCEDURES ARE MADE.**

**\* ENSURE THAT THE FOUNDATION HAS AN OPEN DOOR POLICY TOWARD FRAUD.**

**\* REVIEW MONTHLY IN-HOUSE FINANCIAL STATEMENTS AND BUDGETS AS PREPARED  
BY THE FOUNDATION STAFF.**

**\* MEET REGULARLY ENOUGH TO FULFILL THE REQUIREMENTS STATED ABOVE.**

Multiple horizontal lines for additional text entry.

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COMMUNITY FOUNDATION OF GREATER JACKSON, INC.

FORM 990 PAGE 10

64-0845750

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Line 1: 500,000. Line 3: 2,000,000. Line 13: 799.

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

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

Table with 3 rows for Part II. Line 16: 799.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 799.

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-g, h, i.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a, b, c.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 799.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

| (a)<br>Type of property<br>(list vehicles first) | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
|--|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

|  |  |   |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |
|  |  | % |  |  |  |  |  |  |

**27** Property used 50% or less in a qualified business use:

|  |  |   |  |  |       |  |  |  |
|--|--|---|--|--|-------|--|--|--|
|  |  | % |  |  | S/L - |  |  |  |
|  |  | % |  |  | S/L - |  |  |  |
|  |  | % |  |  | S/L - |  |  |  |

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|   | (a)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
|   | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| <b>30</b> Total business/investment miles driven during the year (do not include commuting miles) ..... |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>31</b> Total commuting miles driven during the year .....  |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>32</b> Total other personal (noncommuting) miles driven .....  |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 .....                             |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? .....                       |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....               |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>36</b> Is another vehicle available for personal use? .....  |                |    |                |    |                |    |                |    |                |    |                |    |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....  |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? .....   |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2010 tax year:                     |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
| <b>43</b> Amortization of costs that began before your 2010 tax year .....                 |                                    |                              |                        |   | <b>43</b>                            |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report ..... |                                    |                              |                        |   | <b>44</b>                            |



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

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

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

|  |  |   |
|--|--|---|
| <b>Part II</b>   | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).              |   |
| Type or print<br><br>File by the extended due date for filing your return. See instructions. | Name of exempt organization<br><b>COMMUNITY FOUNDATION OF GREATER JACKSON, INC.</b>                                  | Employer identification number<br><b>64-0845750</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>525 EAST CAPITOL ST, NO. 5B</b>         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>JACKSON, MS 39201</b> |   |

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 (sec. 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.**

**JACKIE P. BAILEY, COO**

• The books are in the care of  **525 EAST CAPITOL ST. SUITE 5B - JACKSON, MS 39201**

Telephone No.  **601-974-6044** 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 **FEBRUARY 15, 2012.**

**5** For calendar year \_\_\_\_\_, or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.

**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 \_\_\_\_\_

**ADDITIONAL INFORMATION IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN. THE ORGANIZATION REQUESTS AN ADDITIONAL EXTENSION UNTIL FEBRUARY 15, 2012.**

|  |           |    |    |
|--|-----------|----|----|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>8a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.   | <b>8c</b> | \$ | 0. |

**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  **CHAIRMAN** Date

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning APR 1, 2010, and ending MAR 31, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

**COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.**

Employer identification number

**64-0845750**

Name and title of officer

**LUTHER S. OTT  
CHAIRMAN AND CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

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

|   |   |                          |
|---|---|--------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>1254150</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | <b>5b</b> _____          |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize HORNE LLP to enter my PIN 45750  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**64076829999**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 12/02/11

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