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GOVERNMENT COPY



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COMMUNITY FOUNDATION OF GREATER JACKSON,  
inc.  
525 EAST CAPITOL ST No. 5B  
JACKSON, MS 39201  
Attention: MRS. JACKIE BAILEY

DEAR JACKIE:

Enclosed is the 2008 Exempt Organization return, as follows...

2008 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

MARSHA H. DIECKMAN, CPA  
HORNE LLP

## Filing Instructions

**Prepared for:**

COMMUNITY FOUNDATION OF GREATER JACK  
inc.  
525 EAST CAPITOL ST No. 5B  
JACKSON, MS 39201

**Prepared by:**

HORNE LLP  
1020 Highland Colony Pkwy, Ste. 400  
Ridgeland, MS 39157

2008 FORM 990

**Electronic Filing:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

**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)

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning APR 1, 2008 and ending MAR 31, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> COMMUNITY FOUNDATION OF GREATER JACKSON, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 525 EAST CAPITOL ST 5B City or town, state or country, and ZIP + 4 JACKSON, MS 39201	<b>D Employer identification number</b> 64-0845750
		<b>E Telephone number</b> 601-974-6044	<b>G Gross receipts \$</b> 3,094,543.
		<b>F Name and address of principal officer:</b> LUTHER S. OTT SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c) Group exemption number</b> ▶
		<b>J Website:</b> ▶ WWW.CFGJ.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1994 <b>M State of legal domicile:</b> MS

Part I Summary				
	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE FOUNDATION'S PRIMARY PURPOSE IS TO SERVE THE METROPOLITAN JACKSON AREA AS A COMMUNITY FOUNDATION.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3 33	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 32	
	<b>5</b>	Total number of employees (Part V, line 2a)	5 10	
	<b>6</b>	Total number of volunteers (estimate if necessary)	6 30	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	8,695,013. 2,465,234.
<b>9</b>		Program service revenue (Part VIII, line 2g)		
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,409,321. -987,518.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,274. -40,471.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,168,608. 1,437,245.	
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,702,359. 1,925,876.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	387,507. 475,108.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,844.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	424,460. 384,970.	
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,514,326. 2,785,954.	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	6,654,282. -1,348,709.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	23,487,636. 16,965,799.	
	<b>21</b>	Total liabilities (Part X, line 26)	1,985,541. 1,816,955.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	21,502,095. 15,148,844.	

<b>Part II Signature Block</b>				
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>	<b>Signature of officer</b>	<u>LUTHER S. OTT, CURRENT CHAIRMAN OF THE BOARD</u>		<b>Date</b>
		Type or print name and title		
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b> ▶	<b>Date</b>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number</b> (see instructions)
	<b>Firm's name</b> (or yours if self-employed), address, and ZIP + 4		<b>EIN</b> ▶	<b>Phone no.</b> ▶
	MARSHA H. DIECKMAN, CPA	12/03/09		
	HORNE LLP 1020 HIGHLAND COLONY PKWY, STE. 400 RIDGELAND, MS 39157			601-326-1000

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION 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 If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes", describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 2,605,151. including grants of \$ 1,925,876. ) (Revenue \$ ) 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, & 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 \$ 2,605,151. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input type="checkbox"/>
<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? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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? <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? <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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 28		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</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>2a</b> 10		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</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>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</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>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</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>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
	<b>1a</b> 33		
<b>b</b>	Enter the number of voting members that are independent .....		
	<b>1b</b> 32		
<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 organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material 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>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>8a</b>			
<b>8b</b>			
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</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>9b</b>			
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12b</b>			
<b>c</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>12c</b>			
<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>a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b>	Other officers or key employees of the organization? .....	X	
<b>15a</b>			
<b>15b</b>			
<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>b</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? .....		
<b>16b</b>			

**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: **DOUGLAS R. BOONE, PRESIDENT - 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**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WORTH HAL THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
WIRT YERGER, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM NEVILLE, III BOARD MEMBER	1.00	X					0.	0.	0.	
W. HIBBETT NEEL BOARD MEMBER	1.00	X					0.	0.	0.	
SYLVIA Y. STEWART BOARD MEMBER	1.00	X					0.	0.	0.	
SUMAN K. DAS BOARD MEMBER	1.00	X					0.	0.	0.	
STELLA GRAY BRYANT SYKES BOARD MEMBER	1.00	X					0.	0.	0.	
SARA SMITH RAY BOARD MEMBER	1.00	X					0.	0.	0.	
ROSEMARY R. BARBOUR BOARD MEMBER	1.00	X					0.	0.	0.	
RITA WRAY BOARD MEMBER	1.00	X					0.	0.	0.	
J. PAUL VARNER BOARD MEMBER	1.00	X					0.	0.	0.	
PAUL MCNEILL BOARD MEMBER	1.00	X					0.	0.	0.	
NOEL E. DANIELS BOARD MEMBER	1.00	X					0.	0.	0.	
MONICA S. HARRIGILL BOARD MEMBER	1.00	X					0.	0.	0.	
LORA GRIFFIN BOARD MEMBER	1.00	X					0.	0.	0.	
LIZA LOOSER BOARD MEMBER	1.00	X					0.	0.	0.	
LEANNE BREWER BOARD MEMBER	1.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. KELLEY WILLIAMS, SR. BOARD MEMBER	1.00	X					0.	0.	0.	
J. KANE DITTO BOARD MEMBER	1.00	X					0.	0.	0.	
JON C. TURNER BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES P. ALMAS BOARD MEMBER	1.00	X					0.	0.	0.	
JANE CRATER HIATT BOARD MEMBER	1.00	X					0.	0.	0.	
GWENDOLYN TAYLOR BOARD MEMBER	1.00	X					0.	0.	0.	
FRANCINE S. THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
EARLE F. JONES BOARD MEMBER	1.00	X					0.	0.	0.	
DON Q. MITCHELL BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID H. HOSTER, II BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Total</b>							<b>113,300.</b>	<b>0.</b>	<b>6,022.</b>	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **1**

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **0**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

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

Form 990 (2008)

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<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	136,776.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,328,458.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		2465234.				
	<b>Program Service Revenue</b>	<b>2 a</b>	.....	Business Code				
<b>b</b>		.....						
<b>c</b>		.....						
<b>d</b>		.....						
<b>e</b>		.....						
<b>f</b>		All other program service revenue .....						
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		621,984.			621,984.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross Rents .....	(i) Real	(ii) Personal				
		Less: rental expenses .....						
		Rental income or (loss) .....						
		Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .....	1,609,502.					
		Gain or (loss) .....	-1,609,502.					
		Net gain or (loss) .....	-1,609,502.		-1,609,502.			
	<b>8 a</b>	Gross income from fundraising events (not including \$ <u>136,776.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		Less: direct expenses .....	<b>b</b>	47,796.				
		Net income or (loss) from fundraising events .....			-47,796.	-47,796.		
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
Less: direct expenses .....		<b>b</b>						
Net income or (loss) from gaming activities .....								
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	Less: cost of goods sold .....	<b>b</b>						
	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
<b>11 a</b>	<b>ADMIN FEE FOR AGENCY</b> .....	900099	7,010.			7,010.		
<b>b</b>	<b>MISCELLANEOUS</b> .....	900099	315.			315.		
<b>c</b>	.....							
<b>d</b>	All other revenue .....							
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		7,325.					
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		1437245.	-1,657,298.		0.	629,309.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,905,576.	1,905,576.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	20,300.	20,300.		
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 .....				
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 .....	408,998.	330,721.	44,031.	34,246.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	37,197.	31,276.	3,331.	2,590.
10 Payroll taxes .....	28,913.	24,287.	2,602.	2,024.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	60,563.	3,273.	57,290.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	56,571.	56,571.		
g Other .....	15,230.	15,230.		
12 Advertising and promotion .....	985.	985.		
13 Office expenses .....	5,741.	4,624.	628.	489.
14 Information technology .....	19,091.	16,037.	1,718.	1,336.
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 .....	11,549.	11,549.		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,960.	2,487.	266.	207.
23 Insurance .....	3,764.	3,162.	339.	263.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>EVENTS</b> .....	102,845.	102,845.		
b <b>PRINTING AND PUBLICATIO</b> .....	41,450.	33,921.	4,235.	3,294.
c <b>POSTAGE AND SHIPPING</b> .....	11,717.	9,843.	1,054.	820.
d <b>SOFTWARE CONSULTATION &amp;</b> .....	8,950.	8,950.		
e <b>MEALS &amp; ENTERTAINMENT</b> .....	7,259.	6,098.	653.	508.
f All other expenses .....	19,855.	17,416.	1,372.	1,067.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,785,954.	2,605,151.	133,959.	46,844.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,359,939.	<b>1</b>	245,902.	
	<b>2</b> Savings and temporary cash investments .....	1,541,616.	<b>2</b>	2,614,156.	
	<b>3</b> Pledges and grants receivable, net .....	777,351.	<b>3</b>	655,171.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<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 basis ...	<b>10a</b> 49,956.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b> 42,083.	6,039.	<b>10c</b>	7,873.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	14,739,746.	<b>12</b>	13,380,240.	
	<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 .....	62,945.	<b>15</b>	62,457.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,487,636.	<b>16</b>	16,965,799.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>		
	<b>18</b> Grants payable .....	17,903.	<b>18</b>	292,487.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow 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 .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	1,967,638.	<b>25</b>	1,524,468.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,985,541.	<b>26</b>	1,816,955.	
<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 .....	13,801,172.	<b>27</b>	10,032,716.	
	<b>28</b> Temporarily restricted net assets .....	7,700,923.	<b>28</b>	5,116,128.	
	<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 .....	21,502,095.	<b>33</b>	15,148,844.		
<b>34</b> Total liabilities and net assets/fund balances .....	23,487,636.	<b>34</b>	16,965,799.		

**Part XI Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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 organizations the organization supports.

(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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,312,157.	4,242,912.	2,444,496.	8,695,013.	2,465,234.	19,159,812.
<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 - 3 .....	1,312,157.	4,242,912.	2,444,496.	8,695,013.	2,465,234.	19,159,812.
<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) .....						6,921,144.
<b>6 Public Support.</b> Subtract line 5 from line 4.						12,238,668.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	1,312,157.	4,242,912.	2,444,496.	8,695,013.	2,465,234.	19,159,812.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	176,318.	278,064.	433,422.	384,391.	621,984.	1,894,179.
<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						21,053,991.
<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 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	58.13	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	69.02	%
<b>16a 33 1/3% support test - 2008.</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 - 2007.</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 - 2008.</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 - 2007.</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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

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

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

**b 33 1/3% support tests - 2007.** 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, and 990-PF.

OMB No. 1545-0047

**2008**

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

**Special Rules**

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

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

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

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

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

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

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	OTT CHARITABLE FUND GOLDMAN SACHS PHILANTHROPY FUND ALBANY, NY 12212-5203	\$ 913,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ELAINE CRYSTAL 242 EASTBROOKE II JACKSON, MS 39216	\$ 339,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MISSISSIPPI ARTS COMMISSION 501 N. WEST STREET STE 701B JACKSON, MS 39201	\$ 151,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	W. K. KELLOGG FOUNDATION ONE MICHIGAN AVE EAST BATTLE CREEK, MI 49017-4012	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ESTATE OF PEGGY H. HARRIS 690 TOWNE CENTER BLVD RIDGELAND, MS 39157	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE PHIL HARDIN FOUNDATION 1921 24TH AVENUE MERIDIAN, MS 39301	\$ 125,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER JACKSON, INC.	<b>Employer identification number</b>  64-0845750
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BARKSDALE FOUNDATION ACCT  P. O. BOX 249  UNIVERSITY, MS 38677	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JOHN & LUCY SHACKELFORD  13831 SILKVINE LANE  JACKSONVILLE, FL 32224	\$ 85,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JUNIOR LEAGUE OF JACKSON  P. O. BOX 4709  JACKSON, MS 39296-4709	\$ 72,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER JACKSON, INC.	<b>Employer identification number</b> 64-0845750
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	SECURITIES-PUBLICLY TRADED <hr/> <hr/> <hr/>	\$ 85,913.	12/23/08
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

**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
<b>1</b> Total number at end of year .....	61	54
<b>2</b> Aggregate contributions to (during year) .....	1,553,260.	254,914.
<b>3</b> Aggregate grants from (during year) .....	1,065,573.	302,993.
<b>4</b> Aggregate value at end of year .....	9,141,732.	4,004,415.
<b>5</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		
		<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? .....

**Yes**     **No**

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

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	9652277.				
<b>b</b> Contributions .....	1256559.				
<b>c</b> Investment earnings or losses .....	-3,259,298.				
<b>d</b> Grants or scholarships .....	734,641.				
<b>e</b> Other expenditures for facilities and programs .....	132,759.				
<b>f</b> Administrative expenses .....	141,540.				
<b>g</b> End of year balance .....	6640598.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 0.00 %
  - b** Permanent endowment ▶ 23.00 %
  - c** Term endowment ▶ 77.00 %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		49,956.	42,083.	7,873.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				7,873.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,437,245.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,785,954.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,348,709.
4	Net unrealized gains (losses) on investments	4	-5,004,543.
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 4-8	9	-5,004,543.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-6,353,252.

**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	-3,406,823.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-5,004,543.
b	Donated services and use of facilities	2b	112,679.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-4,891,864.
3	Subtract line 2e from line 1	3	1,485,041.
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	-47,796.
c	Add lines 4a and 4b	4c	-47,796.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,437,245.

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

1	Total expenses and losses per audited financial statements	1	2,946,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	112,679.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	47,796.
e	Add lines 2a through 2d	2e	160,475.
3	Subtract line 2e from line 1	3	2,785,954.
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 should equal Form 990, Part I, line 18.)	5	2,785,954.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: THE COMMUNITY FOUNDATION HOLDS THESE ENDOWMENTS FOR**

**OUR NON-PROFIT PARTNER ORGANIZATIONS AS STATED IN FOOTNOTE 6 OF OUR**

**FINANCIALS AS WELL AS FOR THE FOLLOWING PURPOSES AS STATED IN FOOTNOTE 7**

**OF OUR FINANCIALS: MEDICAL, CHARITABLE, COMMUNITY ENRICHMENT, EDUCATIONAL,**

**HISTORIC PRESERVATION, PARKS, RECREATION, AWARDS AND SCHOLARSHIPS.**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**FUNDRAISING EXPENSES: -47796.**

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES: 47796.



COMMUNITY FOUNDATION OF GREATER JACKSON,

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		TOUR / LUNCHEON (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	136,776.			136,776.
	2	Less: Charitable contributions	136,776.			136,776.
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes	0.			
	5	Non-cash prizes	10,533.			10,533.
	6	Rent/facility costs	0.			
	7	Other direct expenses	37,262.			37,262.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 47,795.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-47,795.

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

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

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

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

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>15b</b>		
<b>15c</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<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
MISSISSIPPI HUMANITIES COUNCIL 3825 RIDGEWOOD ROAD, RM. 311 JACKSON, MS 39211	64-0561264	501(C)(3)	5,650.	0.			PROGRAM DEVELOPMENT
BELHAVEN COLLEGE 1500 PEACHTREE ST. JACKSON, MS 39202	64-0303069	501(C)(3)	203,500.	0.			GENERAL OPERATIONAL SUPPORT SCHOLARSHIP FUNDS BUILDING/RENOVATION
MISSISSIPPI MUSEUM OF ART 380 SOUTH LAMAR STREET JACKSON, MS 39201	64-6025771	501(C)(3)	73,908.	0.			GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT ARTIST FELLOWSHIPS
CHASTAIN MIDDLE SCHOOL 4650 MANHATTAN RD. JACKSON, MS 39206	64-6000505	501(C)(3)	13,190.	0.			TEACHER SUPPORT FUNDS
STEWOPOT COMMUNITY SERVICES 1100 WEST CAPITOL STREET JACKSON, MS 39203	64-0655566	501(C)(3)	35,400.	0.			PROGRAM DEVELOPMENT GENERAL OPERATIONAL SUPPORT SCHOLARSHIP FUNDS
ST. ANDREW'S EPISCOPAL CATHEDRAL P.O. BOX 1366 JACKSON, MS 39215	64-0323059	501(C)(3)	10,000.	0.			GENERAL OPERATIONAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations **62.**

**3** Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2008

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE EMERGENCY RELIEF	12	2,800.	0.		
COLLEGE TUITION SCHOLARSHIPS	17	17,500.	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.

PART II, LINE 1, COLUMN (H):

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

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

**Employer identification number  
64-0845750**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH CATHOLIC SCHOOL P.O. BOX 2027 MADISON, MS 39130	64-0354039	501(C)(3)	13,250.	0.			SCHOLARSHIP FUNDS
REFORMED THEOLOGICAL SEMINARY 5422 CLINTON BLVD. JACKSON, MS 39209	64-0428676	501(C)(3)	15,000.	0.			GENERAL OPERATIONAL SUPPORT
BOYS AND GIRLS CLUB P.O. BOX 3194 JACKSON, MS 39207	64-0331635	501(C)(3)	44,300.	0.			GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT
OPERATION SHOESTRING, INC. 1711 BAILEY AVENUE JACKSON, MS 39203	64-0471554	501(C)(3)	12,850.	0.			GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT
POWER APAC 1120 RIVERSIDE DRIVE JACKSON, MS 39202	64-6000505	501(C)(3)	7,517.	0.			TEACHER SUPPORT FUNDS
PARENTS FOR PUBLIC SCHOOLS OF JACKSON - 200 N. CONGRESS ST. - JACKSON, MS 39201	57-0907683	501(C)(3)	38,362.	0.			GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT
MISSISSIPPI CENTER FOR NONPROFITS 700 NORTH STREET, STE. 201 JACKSON, MS 39202	58-2025957	501(C)(3)	33,700.	0.			GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT
MISSISSIPPI SYMPHONY ORCHESTRA P.O. BOX 2052 JACKSON, MS 39225	64-0273405	501(C)(3)	102,200.	0.			GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
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Name of the organization **COMMUNITY FOUNDATION OF GREATER JACKSON,  
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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI OPERA ASSOCIATION 201 EAST PASCAGOULA STREET JACKSON, MS 39201	23-7113188	501(C)(3)	9,343.	0.			GENERAL OPERATIONAL SUPPORT
MISSION FIRST P.O. BOX 250 JACKSON, MS 39205	64-0797107	501(C)(3)	6,000.	0.			GENERAL OPERATIONAL SUPPORT
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	64-0303084	501(C)(3)	9,500.	0.			BUILDING/RENOVATION GENERAL OPERATIONAL SUPPORT
JACKSON ACADEMY 4908 RIDGEWOOD ROAD JACKSON, MS 39211	64-6012819	501(C)(3)	12,000.	0.			STAFF DEVELOPMENT GENERAL OPERATIONAL SUPPORT
INSTITUTE OF SOUTHERN JEWISH LIFE P.O. BOX 16528 JACKSON, MS 39236	64-0762027	501(C)(3)	5,100.	0.			GENERAL OPERATIONAL SUPPORT
HABITAT FOR HUMANITY P.O. BOX 55634 JACKSON, MS 39236	64-0750633	501(C)(3)	18,000.	0.			PROGRAM DEVELOPMENT GENERAL OPERATIONAL SUPPORT BUILDING/RENOVATION
GOODWILL INDUSTRIES OF MISSISSIPPI 104 E. STATE ST. RIDGELAND, MS 39157	64-0362410	501(C)(3)	6,000.	0.			GENERAL OPERATIONAL SUPPORT
UNIVERSITY OF MISSISSIPPI FOUNDATION - P.O. BOX 249 - UNIVERSITY, MS 38677	23-7310293	501(C)(3)	28,039.	0.			STUDENT AID FUNDS GENERAL OPERATIONAL SUPPORT ENDOWMENT FUNDS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

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

**Employer identification number  
64-0845750**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH 1390 NORTH STATE STREET JACKSON, MS 39202	64-0334266	501(C)(3)	52,978.	0.			SCHOLARSHIP FUNDS GENERAL OPERATIONAL SUPPORT PROGRAM DEVELOPMENT
ST. ANDREW'S EPISCOPAL SCHOOL 370 OLD AGENCY ROAD RIDGELAND, MS 39157	64-0324405	501(C)(3)	5,250.	0.			GENERAL OPERATIONAL SUPPORT
GEORGIA TECH FOUNDATION 760 SPRING STREET, NW, SUITE 400 ATLANTA, GA 30308	58-6043294	501(C)(3)	5,000.	0.			ENDOWMENT FUNDS
MISSISSIPPI COLLEGE P.O. BOX 4005 CLINTON, MS 39058	64-0303086	501(C)(3)	7,000.	0.			GENERAL OPERATIONAL SUPPORT SCHOLARSHIP FUNDS
RAINES ELEMENTARY SCHOOL 156 FLAG CHAPEL ROAD JACKSON, MS 39209	64-6000505	501(C)(3)	5,038.	0.			TEACHER SUPPORT FUNDS
BRINKLEY MIDDLE SCHOOL 3535 ALBERMARIE ROAD JACKSON, MS 39213	64-6000505	501(C)(3)	10,351.	0.			TEACHER SUPPORT FUNDS
WINGFIELD HIGH SCHOOL 1985 SCANLON DRIVE JACKSON, MS 39204	64-6000505	501(C)(3)	6,661.	0.			TEACHER SUPPORT FUNDS
JOHN HOPKINS ELEMENTARY SCHOOL 170 JOHN HOPKINS ROAD JACKSON, MS 39209	64-6000505	501(C)(3)	15,795.	0.			TEACHER SUPPORT FUNDS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

2008

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

**Employer identification number  
64-0845750**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYD ELEMENTARY SCHOOL 4531 BROADMEADOW DRIVE JACKSON, MS 39206	64-6000505	501(C)(3)	12,094.	0.			TEACHER SUPPORT FUNDS
MISSISSIPPI CHILDREN'S HOME SERVICES - P.O. BOX 1078 - JACKSON, MS 39215	64-0303085	501(C)(3)	6,100.	0.			GENERAL OPERATIONAL SUPPORT
MADISON STATION ELEMENTARY SCHOOL 261 REUNION PARKWAY MADISON, MS 39110	64-0437641	501(C)(3)	5,653.	0.			TEACHER SUPPORT FUNDS
JACKSON 2000 3630 KINGS HIGHWAY JACKSON, MS 39216	64-0809426	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
M.B. SWAYZE EDUCATIONAL FOUNDATION P.O. BOX 23276 JACKSON, MS 39225	64-0602140	501(C)(3)	5,000.	0.			PROGRAM DEVELOPMENT
EPISCOPAL DIOCESE OF MISSISSIPPI P.O. BOX 23107 JACKSON, MS 39225	64-0303076	501(C)(3)	27,542.	0.			PROGRAM DEVELOPMENT GENERAL OPERATIONAL SUPPORT
VANDERBILT UNIVERSITY 2100 WEST END AVENUE, SUITE 900 NASHVILLE, TN 37203	62-0476822	501(C)(3)	23,539.	0.			SCHOLARSHIP FUNDS
CLAUSELL ELEMENTARY SCHOOL 3330 HARLEY STREET JACKSON, MS 39209	64-6000505	501(C)(3)	15,663.	0.			TEACHER SUPPORT FUNDS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

2008

**Open to Public  
Inspection**

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

**Employer identification number  
64-0845750**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCWILLIE ELEMENTARY SCHOOL 4531 BROADMEADOW DRIVE JACKSON, MS 39206	64-6000505	501(C)(3)	7,379.	0.			TEACHER SUPPORT FUNDS
BETH ISRAEL CONGREGATION 5315 OLD CANTON ROAD JACKSON, MS 39211	64-6013141	501(C)(3)	8,000.	0.			GENERAL OPERATIONAL SUPPORT
CHRIST UNITED METHODIST CHURCH 6000 OLD CANTON ROAD JACKSON, MS 39211	64-0429611	501(C)(3)	7,000.	0.			GENERAL OPERATIONAL SUPPORT
ST. PATRICK CATHOLIC CHURCH P.O. BOX 529 MERIDIAN, MS 39302	64-0324859	501(C)(3)	11,564.	0.			GENERAL OPERATIONAL SUPPORT
DELTA WATERFOWL FOUNDATION P.O. BOX 5628 BRANDON, MS 39047	57-0904861	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
PALMER HOME FOR CHILDREN P.O. BOX 746 COLUMBUS, MS 38703	64-0334999	501(C)(3)	10,000.	0.			GENERAL OPERATIONAL SUPPORT
MISSISSIPPI LOW INCOME CHILD CARE INITIATIVE - P.O. BOX 204 - BILOXI, MS 39530	64-0943404	501(C)(3)	15,000.	0.			GENERAL OPERATIONAL SUPPORT
PROJECT CONCERN INTERNATIONAL, INC. - 5151 MURPHY CANYON ROAD, SUITE 320 - SAN DIEGO, CA 92123	95-2248462	501(C)(3)	15,000.	0.			GENERAL OPERATIONAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

2008

**Open to Public  
Inspection**

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

**Employer identification number  
64-0845750**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORE COMMUNITY HOUSE P.O. BOX 204 BILOXI, MS 39533	64-0314537	501(C)(3)	31,500.	0.			PROGRAM DEVELOPMENT
LAWDALE PRESBYTERIAN CHURCH 1500 LAWDALE DRIVE TUPELO, MS 38801	64-0584629	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
CHAMBERLAIN- HUNT ACADEMY 124 MCCOMB AVE PORT GIBSON, MS 39150	64-0328178	501(C)(3)	25,000.	0.			GENERAL OPERATIONAL SUPPORT
THIRD MILLENNIUM MINISTRIES P.O. BOX 300769 FERN PARK, FL 32730	31-1598585	501(C)(3)	50,000.	0.			GENERAL OPERATIONAL SUPPORT
CAMDEN ELEMENTARY SCHOOL 4784 HWY 43 NORTH CAMDEN, MS 39045	64-0437641	501(C)(3)	5,440.	0.			TEACHER SUPPORT FUNDS
CANTON ELEMENTARY SCHOOL 740 EAST ACADEMY STREET CANTON, MS 39046	64-0437641	501(C)(3)	5,406.	0.			PROGRAM DEVELOPMENT
CANTON SCHOOL OF ARTS & SCIENCES 357 OLD YAZOO CITY ROAD CANTON, MS 39046	64-0437641	501(C)(3)	13,351.	0.			PROGRAM DEVELOPMENT
GREENWOOD CEMETERY ASSOCIATION 324 COX CROSSING MADISON, MS 39110	64-6029532	501(C)(3)	20,000.	0.			BUILDING/RENOVATION

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

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

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

**Employer identification number  
64-0845750**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT CHARTER SCHOOL FOUNDATION, INC. - P.O. BOX 2493 - CASHIERS, NC 28717	56-2039872	501(C)(3)	50,000.	0.			GENERAL OPERATIONAL SUPPORT
GOOD SAMARITAN MIDTOWN, INC. 162 MILLSAPS AVE. JACKSON, MS 39202	20-0137768	501(C)(3)	127,230.	0.			GENERAL OPERATIONAL SUPPORT
BROADMEADOW UNITED METHODIST CHURCH - 4419 BROADMEADOW DRIVE - JACKSON, MS 39206	64-0323096	501(C)(3)	25,000.	0.			PROGRAM DEVELOPMENT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER-MS CHILD DEVELOPMENT INS - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520	501(C)(3)	12,800.	0.			GENERAL OPERATIONAL SUPPORT
FIRST UNITED METHODIST CHURCH OF CLINTON - 100 MT. SALUS DRIVE - CLINTON, MS 39056	64-0443890	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
OXFORD UNIVERSITY SCHOOL 2402 SOUTH LAMAR BLVD. OXFORD, MS 38655	64-0699205	501(C)(3)	50,000.	0.			GENERAL OPERATIONAL SUPPORT
UMAA FOUNDATION, INC P.O. BOX 249 UNIVERSITY, MS 38677	64-0474850	501(C)(3)	100,000.	0.			GENERAL OPERATIONAL SUPPORT
WOMEN'S FUND OF MISSISSIPPI, INC. 120 N. CONGRESS STREET, SUITE 903 JACKSON, MS 39201	26-4419982	501(C)(3)	265,202.	0.			GENERAL OPERATIONAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MISSISSIPPI MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATIONAL SUPPORT

PROGRAM DEVELOPMENT

ARTIST FELLOWSHIPS

CAPITAL CAMPAIGN

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

Employer identification number  
**64-0845750**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <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) |

**b** If line 1a is 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 .....

**2** 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? .....

**3** 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.

- |  |   |
|--|---|
| <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 |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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 .....

**8** 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X



**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4A: LINDA B. MONTGOMERY RECEIVED SEVERANCE PAYMENTS FROM THE FOUNDATION. MS. MONTGOMERY SERVED THE FOUNDATION AS PRESIDENT FOR ELEVEN YEARS AND RETIRED AS OF SEPTEMBER 30, 2008. THE SEVERANCE PAYMENTS CONSISTED OF A CONTINUATION OF MS. MONTGOMERY'S MONTHLY SALARY FOR A PERIOD OF SEVEN MONTHS ENDING APRIL 30, 2009. THE 2008 SEVERANCE PAYMENTS PAID TO MS. MONTGOMERY OF \$ 28,600 WERE INCLUDED IN HER 2008 W-2 AND THEREFORE ARE ALSO INCLUDED IN THE W-2 SALARY AMOUNT REPORTED ON FORM 990, PART VII. IN ADDITON, MS. MONTGOMERY RECEIVED SEVERANCE PAYMENTS FROM 1/1/2009 THROUGH 3/31/2009, TOTALLING \$41,381.03.





**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that 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) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	6	123,262.	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 Acknowledgment ..... **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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Employer identification number  
64-0845750

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 A, LINE 10: 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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER JACKSON,  
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 OF THE FOUNDATION. ONCE THE  
ACCOUNTING FIRM, THE COO AND THE PRESIDENT/CEO 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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Employer identification number  
64-0845750

EXPERIENCED WITH OTHER NON-PROFIT ORGANIZATIONS IN OUR SERVICE AREA.

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 2C, AUDIT COMMITTEE:

COMMUNITY FOUNDATION OF GREATER JACKSON DOES HAVE AN AUDIT COMMITTEE.  
THIS COMMITTEE IS ALWAYS CHAIRED BY A BOARD MEMBER AS WELL AS ALL  
COMMITTEE MEMBERS MUST BE BOARD MEMBERS. THE NUMBER OF MEMBERS ON THE

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER JACKSON,  
INC.

Employer identification number

64-0845750

AUDIT COMMITTEE IS DETERMINED EACH YEAR BY THE BOARD CHAIRMAN.

THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE ANNUAL AUDIT AND RECOMMENDING ITS APPROVAL OR MODIFICATION BY THE BOARD. NO MEMBERS OF THE FOUNDATION STAFF ARE ALLOWED TO SERVE ON THE AUDIT COMMITTEE. AT LEAST ONE MEMBER OF THE AUDIT 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 AUDIT COMMITTEE FOR 2008-2009 IS JON TURNER, CPA AND PARTNER IN THE JACKSON, MS OFFICE OF BKD, LLP.

DUTIES AND RESPONSIBILITIES OF AUDIT COMMITTEE:

- \* CHOOSE AN AUDITOR, WHEN NECESSARY.
- \* WORK CLOSELY WITH THE AUDITOR TO MONITOR THE FOUNDATION'S FINANCIAL CONDITION.
- \* DISCUSS ANY MANAGEMENT PROBLEMS DISCLOSED BY THE AUDITOR, IF ANY, WITH STAFF AND ENSURE THAT RECOMMENDED CHANGES IN PROCEDURES ARE MADE.
- \* ENSURE THAT THE FOUNDATION HAS AN OPEN DOOR POLICY TOWARD FRAUD.
- \* MEET REGULARLY ENOUGH TO FULFILL THE REQUIREMENTS STATED ABOVE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: THE CIRLOT AGENCY

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER JACKSON, INC.

Employer identification number

64-0845750

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

BUSINESS OWNED 100% BY BOARD MEMBER LISA LOOZER AND HER HUSBAND

**(D) DESCRIPTION OF TRANSACTION: DESIGN/CONSULTING**

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

**2008**

Attachment  
 Sequence No. **67**

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

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.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,960.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,960.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, 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.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
<b>27</b> Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>

**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.

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
38 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 .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 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? .....		
41 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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year:					
	:				
	:				
<b>43</b> Amortization of costs that began before your 2008 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  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>COMMUNITY FOUNDATION OF GREATER JACKSON, INC.</b>	Employer identification number <b>64-0845750</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>525 EAST CAPITOL ST, NO. 5B</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSON, MS 39201</b>	

**Check type of return to be filed** (File a separate application for each return):

- |  |                                      |   |                                      |                                    |                                    |
|--|--------------------------------------|---|--------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 6069 |                                    |

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

**DOUGLAS R. BOONE, PRESIDENT**

• 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, 2009.**

**5** For calendar year \_\_\_\_\_, or other tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**.

**6** If this tax year 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. TAXPAYER REQUESTS AN ADDITIONAL EXTENSION UNTIL 2/15/10.**

<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>	\$	
<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>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>N/A</b>

**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 2008, or fiscal year beginning APR 1, 2008, and ending MAR 31, 2009

**2008**

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  
CURRENT CHAIRMAN OF THE BOARD**

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, line 12) .....	<b>1b</b> <u>1437245</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, line 3c) .....	<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 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

I authorize 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 2008 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 2008 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 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 2008 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 ▶ 12/03/09

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