

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 2009 calendar year, or tax year beginning **APR 1, 2009** and ending **MAR 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization 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 F Name and address of principal officer: DOUGLAS R. BOONE SAME AS C ABOVE	D Employer identification number 64-0845750 E Telephone number 601-974-6044 G Gross receipts \$ 11,290,883. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CFGJ.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: MS	

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PRIMARY PURPOSE IS TO SERVE THE METROPOLITAN JACKSON AREA AS A COMMUNITY FOUNDATION.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of employees (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,465,234.
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-987,518.	-395,817.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-40,471.	19,708.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,437,245.	3,465,913.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,925,876.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	475,108.	382,447.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,587.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	384,970.	333,103.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,785,954.	2,865,518.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,348,709.	600,395.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 16,965,799.	End of Year 25,487,042.
	21 Total liabilities (Part X, line 26)	1,816,955.	3,791,360.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,148,844.	21,695,682.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer		Date	
	▶ DOUGLAS R. BOONE, PRESIDENT/CEO			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ MARSHA H. DIECKMAN, CPA	Date 11/10/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HORNE LLP 1020 HIGHLAND COLONY PKWY, STE. 400 RIDGELAND, MS 39157	EIN ▶	Phone no. ▶ 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

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? [X] Yes [] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,732,047. including grants of \$ 2,149,968.) (Revenue \$ 0.) 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 \$ 2,732,047.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a		25	
b	Enter the number of voting members that are independent		
1b		25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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.	
STELLA GRAY BRYANT SYKES BOARD MEMBER	1.00	X					0.	0.	0.	
SARA SMITH RAY SECRETARY	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 VICE CHAIRMAN	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.	
LORA GRIFFIN BOARD MEMBER	1.00	X					0.	0.	0.	
LEANNE BREWER 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.	

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			
DAVID H. HOSTER, II BOARD MEMBER	1.00	X					0.	0.	0.	
CARLTON W. REEVES BOARD MEMBER	1.00	X					0.	0.	0.	
ASOKA SRINIVASAN BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD M. FOUNTAIN BOARD MEMBER	1.00	X					0.	0.	0.	
LUTHER S. OTT CHAIRMAN OF THE BOARD	2.00	X					0.	0.	0.	
ELLEN LEAKE BOARD MEMBER	1.00	X					0.	0.	0.	
ALVENO N. CASTILLA TREASURER	2.00	X					0.	0.	0.	
HOGAN E. ALLEN BOARD MEMBER	1.00	X					0.	0.	0.	
DOUGLAS R. BOONE PRESIDENT AND CEO	40.00			X			48,674.	0.	3,823.	
JACKIE P. BAILEY CHIEF OPERATING OFFICER	40.00			X			83,260.	0.	11,973.	
1b Total							131,934.	0.	15,796.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

COMMUNITY FOUNDATION OF GREATER JACKSON, INC.

Form 990 (2009)

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Part VIII		Statement of Revenue						
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3842022.				
	g	Noncash contributions included in lines 1a-1f: \$		3059526.				
	h	Total. Add lines 1a-1f			3842022.			
Program Service Revenue	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			323,624.		323,624.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)				-719,441.	-719,441.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19						
Less: direct expenses								
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances							
	Less: cost of goods sold							
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADMIN FEE FOR AGENCY	900099		18,998.			18,998.	
b	MISCELLANEOUS	900099		710.			710.	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			19,708.				
12	Total revenue. See instructions.			3465913.	-719,441.	0.	343,332.	

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	2,110,254.	2,110,254.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	39,714.	39,714.		
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)	131,934.	101,384.	19,086.	11,464.
7 Other salaries and wages	198,413.	166,197.	17,252.	14,964.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	27,283.	22,918.	2,455.	1,910.
10 Payroll taxes	24,817.	20,846.	2,234.	1,737.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,000.	1,750.	33,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	74,051.	74,051.		
g Other	1,500.	1,500.		
12 Advertising and promotion				
13 Office expenses	3,930.	3,164.	432.	334.
14 Information technology	14,143.	11,880.	1,273.	990.
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	7,429.	7,429.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,541.	2,134.	229.	178.
23 Insurance	5,285.	4,439.	476.	370.
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 EVENTS	130,732.	130,732.		
b PRINTING AND PUBLICATIO	17,579.	14,415.	1,758.	1,406.
c POSTAGE AND SHIPPING	6,696.	5,624.	603.	469.
d MISCELLANEOUS	4,999.	2,172.	2,646.	181.
e BANK FEES	4,443.	4,443.		
f All other expenses	8,335.	7,001.	750.	584.
25 Total functional expenses. Add lines 1 through 24f	2,865,518.	2,732,047.	98,884.	34,587.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

COMMUNITY FOUNDATION OF GREATER JACKSON,
INC.

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	245,902.	1	48,702.	
	2 Savings and temporary cash investments	2,614,156.	2	2,264,698.	
	3 Pledges and grants receivable, net	655,171.	3	572,329.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 44,963.			
	b Less: accumulated depreciation	10b 43,460.	7,873.	10c	1,503.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	13,380,240.	12	22,536,392.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	62,457.	15	63,418.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,965,799.	16	25,487,042.		
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable	292,487.	18	10,805.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	1,524,468.	25	3,780,555.	
	26 Total liabilities. Add lines 17 through 25	1,816,955.	26	3,791,360.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	10,032,716.	27	14,473,650.	
	28 Temporarily restricted net assets	5,116,128.	28	7,222,032.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	15,148,844.	33	21,695,682.	
34 Total liabilities and net assets/fund balances	16,965,799.	34	25,487,042.		

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
64-0845750

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,242,912.	2,444,496.	8,695,013.	2,465,234.	3,842,022.	21,689,677.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,242,912.	2,444,496.	8,695,013.	2,465,234.	3,842,022.	21,689,677.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,760,515.
6 Public support. Subtract line 5 from line 4.						14,929,162.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,242,912.	2,444,496.	8,695,013.	2,465,234.	3,842,022.	21,689,677.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278,064.	433,422.	384,391.	621,984.	323,624.	2,041,485.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						23,731,162.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	62.91	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	58.13	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
64-0845750

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	56	64
2 Aggregate contributions to (during year)	278,398.	1,536,523.
3 Aggregate grants from (during year)	1,715,196.	259,203.
4 Aggregate value at end of year	10,764,351.	8,131,462.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6640598.	9652277.			
b Contributions	3900862.	1256559.			
c Net investment earnings, gains, and losses	3330682.	-3,259,298.			
d Grants or scholarships	664,991.	734,641.			
e Other expenditures for facilities and programs	36,606.	132,759.			
f Administrative expenses	117,188.	141,540.			
g End of year balance	13,053,357.	6640598.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment .00 %
 - b Permanent endowment 19.00 %
 - c Term endowment 81.00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations Yes No
 - (ii) related organizations Yes No
- 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		44,963.	43,460.	1,503.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,503.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,465,913.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,865,518.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	600,395.
4	Net unrealized gains (losses) on investments	4	6,145,762.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-199,319.
9	Total adjustments (net). Add lines 4 through 8	9	5,946,443.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,546,838.

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	9,628,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,145,762.
b	Donated services and use of facilities	2b	16,440.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	6,162,202.
3	Subtract line 2e from line 1	3	3,465,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,465,913.

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

1	Total expenses and losses per audited financial statements	1	2,881,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,440.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	16,440.
3	Subtract line 2e from line 1	3	2,865,518.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,865,518.

Part XIV Supplemental Information

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

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

OUR NON-PROFIT PARTNER ORGANIZATIONS AS STATED IN FOOTNOTE 4 OF OUR

FINANCIALS AS WELL AS FOR THE FOLLOWING PURPOSES AS STATED IN FOOTNOTE 5

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

HISTORIC PRESERVATION, PARKS, RECREATION, AWARDS AND SCHOLARSHIPS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RECLASSIFICATION OF NET ASSETS TO AMOUNTS HELD FOR OTHERS UNDER

Part XIV Supplemental Information (continued)

AGENCY TRANS.: -199319.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
64-0845750

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI FOOD NETWORK P.O. BOX 411 JACKSON, MS 39205	64-0676325	501(C)(3)	26,545.	0.			GENERAL OPERATIONAL SUPPORT
EPISCOPAL DIOCESE OF MISSISSIPPI P.O. BOX 23107 JACKSON, MS 39225	64-0303076	501(C)(3)	5,135.	0.			GENERAL OPERATIONAL SUPPORT
EUDORA WELTY FOUNDATION P.O. BOX 55685 JACKSON, MS 39296-5685	64-0909832	501(C)(3)	7,000.	0.			GENERAL OPERATIONAL SUPPORT
BELHAVEN UNIVERSITY 1500 PEACHTREE ST. JACKSON, MS 39202-1789	64-0303069	501(C)(3)	52,500.	0.			GENERAL OPERATIONAL SUPPORT AND SCHOLARSHIP FUNDS
DUCKS UNLIMITED 193 BUSINESS PARK DRIVE RIDGELAND, MS 39157	58-1652203	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
AMERICAN RED CROSS P.O. BOX 5068 JACKSON, MS 39296-5068	53-0196605	501(C)(3)	6,635.	0.			GENERAL OPERATIONAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **78.**
- 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) 2009

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and 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	28	28,514.	0.		
COLLEGE TUITION SCHOLARSHIPS	10	11,200.	0.		

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

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

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI MUSEUM OF ART 380 SOUTH LAMAR STREET JACKSON, MS 39201	64-6025771	501(C)(3)	289,590.	0.			GENERAL OPERATIONAL SUPPORT, FELLOWSHIP FUNDS, AND CAPITAL CAMPAIGN SUPPORT
YOUNG LIFE, INC. P.O. BOX 79066 JACKSON, MS 39236	84-0385934	501(C)(3)	50,000.	0.			GENERAL OPERATIONAL SUPPORT
LIVING INDEPENDENCE FOR EVERYONE 1304 VINE STREET JACKSON, MS 39202	58-2062107	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
WILSON RESEARCH FOUNDATION 1350 E. WOODROW WILSON JACKSON, MS 39216	64-0752440	501(C)(3)	25,000.	0.			GENERAL OPERATIONAL SUPPORT
WILKINS ELEMENTARY SCHOOL 1970 CASTLE HILL DRIVE JACKSON, MS 39204	64-6000505	501(C)(3)	8,001.	0.			GENERAL OPERATIONAL SUPPORT
NEIGHBORHOOD CHRISTIAN CENTER 417 WEST ASH ST. JACKSON, MS 39203	64-0800919	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
STEWOPOT COMMUNITY SERVICES 1100 WEST CAPITOL STREET JACKSON, MS 39203	64-0655566	501(C)(3)	67,219.	0.			GENERAL OPERATIONAL SUPPORT AND ANNUAL CAMPAIGNS
ST. ANDREW'S EPISCOPAL CATHEDRAL P.O. BOX 1366 JACKSON, MS 39215-1366	64-0323059	501(C)(3)	8,808.	0.			GENERAL OPERATIONAL SUPPORT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST RICHARDS CATHOLIC CHURCH P.O. BOX 16547 JACKSON, MS 39236		501(C)(3)	29,500.	0.			GENERAL OPERATIONAL SUPPORT
SPRING HILL COLLEGE THEOLOGY DEPT. 4000 DAUPHIN ST. MOBILE, AL 36608	63-0302179	501(C)(3)	10,000.	0.			GENERAL OPERATIONAL SUPPORT
REFORMED THEOLOGICAL SEMINARY 5422 CLINTON BLVD. JACKSON, MS 39209	64-0428676	501(C)(3)	35,000.	0.			GENERAL OPERATIONAL SUPPORT
BOYS AND GIRLS CLUB P.O. BOX 3194 JACKSON, MS 39207-3194	64-0331635	501(C)(3)	22,500.	0.			GENERAL OPERATIONAL SUPPORT
OPERATION SHOESTRING, INC. 1711 BAILEY AVENUE JACKSON, MS 39203	64-0471554	501(C)(3)	25,472.	0.			GENERAL OPERATIONAL SUPPORT, ANNUAL CAMPAIGN, AND PROGRAM DEVELOPMENT
PARENTS FOR PUBLIC SCHOOLS OF JACKSON - 200 N. CONGRESS ST. - JACKSON, MS 39201	57-0907683	501(C)(3)	7,000.	0.			GENERAL OPERATIONAL SUPPORT
NORTHMINSTER BAPTIST CHURCH 3955 RIDGEWOOD ROAD JACKSON, MS 39211		501(C)(3)	25,000.	0.			GENERAL OPARTAIIONAL SUPPORT
MISSISSIPPI SYMPHONY ORCHESTRA P.O. BOX 2052 JACKSON, MS 39225-2052	64-0273405	501(C)(3)	8,500.	0.			GENERAL OPERATIONAL SUPPORT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI OPERA ASSOCIATION 201 EAST PASCAGOULA STREET JACKSON, MS 39201	23-7113188	501(C)(3)	6,000.	0.			GENERAL OPERATIONAL SUPPORT
MISSISSIPPI STATE UNIVERSITY DEPT. OF INTERNATIONAL STUDIES - P.O. BOX 6261 - MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	202,000.	0.			GENERAL OPERATIONAL SUPPORT AND PROFESSORSHIP
MISSION FIRST P.O. BOX 250 JACKSON, MS 39205	64-0797107	501(C)(3)	10,000.	0.			GENERAL OPERATIONAL SUPPORT
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	64-0303084	501(C)(3)	61,000.	0.			GENERAL OPERATIONAL SUPPORT, PROGRAM DEVELOPMENT, AND SCHOLARSHIP FUND
JACKSON ACADEMY 4908 RIDGEWOOD ROAD JACKSON, MS 39211	64-6012819	501(C)(3)	7,500.	0.			GENERAL OPERATIONAL SUPPORT AND PROGRAM DEVELOPMENT
JACKSON PUBLIC SCHOOLS P.O. BOX 2338 JACKSON, MS 39225-2338	64-6000505	501(C)(3)	10,500.	0.			TEACHER SUPPORT FUNDS
INSTITUTE OF SOUTHERN JEWISH LIFE/THE GOLDRING / WALDENBERG INSTITUTE OF SO - P.O. BOX 16528 - JACKSON, MS 39236-0528	64-0762027	501(C)(3)	15,050.	0.			GENERAL OPERATIONAL SUPPORT
HABITAT FOR HUMANITY P.O. BOX 55634 JACKSON, MS 39296-5634	64-0750633	501(C)(3)	7,500.	0.			GENERAL OPERATIONAL SUPPORT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI FOUNDATION - P.O. BOX 249 - UNIVERSITY, MS 38677	23-7310293	501(C)(3)	43,775.	0.			GENERAL OPERATIONAL SUPPORT AND SCHOLARSHIP FUNDS
FIRST PRESBYTERIAN CHURCH 1390 NORTH STATE STREET JACKSON, MS 39202	64-0334266	501(C)(3)	129,890.	0.			GENERAL OPERATIONAL SUPPORT, PROGRAM DEVELOPMENT, AND SCHOLARSHIP FUND
ST. ANDREW'S EPISCOPAL SCHOOL 370 OLD AGENCY ROAD RIDGELAND, MS 39157	64-0324405	501(C)(3)	16,250.	0.			GENERAL OPERATIONAL SUPPORT, AND ANNUAL CAMPAIGN
GEORGIA TECH FOUNDATION 760 SPRING STREET, NW ATLANTA, GA 30308	58-6043294	501(C)(3)	26,644.	0.			GENERAL OPERATIONAL SUPPORT
MISSISSIPPI COLLEGE P.O. BOX 4005 CLINTON, MS 39058	64-0303086	501(C)(3)	25,428.	0.			GENERAL OPERATIONAL SUPPORT
RAINES ELEMENTARY SCHOOL 156 FLAG CHAPEL ROAD JACKSON, MS 39209	64-6000505	501(C)(3)	5,418.	0.			TEACHER SUPPORT FUNDS
OAK FOREST ELEMENTARY 1831 SMALLWOOD DRIVE JACKSON, MS 39212	64-6000505	501(C)(3)	12,236.	0.			TEACHER SUPPORT FUNDS
SPANN ELEMENTARY SCHOOL 1615 BRACON DRIVE JACKSON, MS 39211	64-6000505	501(C)(3)	20,060.	0.			TEACHER SUPPORT FUNDS

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Schedule I-1 (Form 990) 2009

**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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN ELEMENTARY SCHOOL 610 FOREST AVENUE JACKSON, MS 39206	64-6000505	501(C)(3)	7,366.	0.			TEACHER SUPPORT FUNDS
DAVIS MAGNET SCHOOL 750 NORTH CONGRESS STREET JACKSON, MS 39202	64-6000505	501(C)(3)	5,005.	0.			TEACHER SUPPORT FUNDS
MISSISSIPPI CHILDREN'S HOME SERVICES - P.O. BOX 1078 - JACKSON, MS 39215-1078	64-0303085	501(C)(3)	5,500.	0.			GENERAL OPERATIONAL SUPPORT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520	501(C)(3)	13,500.	0.			GENERAL OPERATIONAL SUPPORT
MADISON STATION ELEMENTARY SCHOOL 261 REUNION PARKWAY MADISON, MS 39110	64-0437641	501(C)(3)	5,108.	0.			TEACHER SUPPORT FUNDS
M.B. SWAYZE EDUCATIONAL FOUNDATION P.O. BOX 23276 JACKSON, MS 39225	64-0602140	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
VANDERBILT UNIVERSITY 2100 WEST END AVENUE NASHVILLE, TN 37203	62-0476822	501(C)(3)	16,275.	0.			SCHOLARSHIP FUNDS
EPISCOPAL DIOCESE OF MISSISSIPPI P.O. BOX 23107 JACKSON, MS 39225	64-0303076	501(C)(3)	22,777.	0.			PROGRAM DEVELOPMENT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAUSELL ELEMENTARY SCHOOL 3330 HARLEY STREET JACKSON, MS 39209	64-6000505	501(C)(3)	24,693.	0.			TEACHER SUPPORT FUNDS
BETH ISRAEL CONGREGATION 5315 OLD CANTON ROAD JACKSON, MS 39211	64-6013141	501(C)(3)	18,600.	0.			GENERAL OPERATIONAL SUPPORT
MISSISSIPPI CENTER FOR JUSTICE P.O. BOX 1023 JACKSON, MS 39215-1023	13-4203234	501(C)(3)	5,750.	0.			GENERAL OPERATIONAL SUPPORT
LIFESHARE FOUNDATION 6360 I-55 NORTH JACKSON, MS 39211	64-0926728	501(C)(3)	5,000.	0.			GENERAL OPERATIONAL SUPPORT
PALMER HOME FOR CHILDREN P.O. BOX 746 COLUMBUS, MS 39703-0746	64-0334999	501(C)(3)	10,000.	0.			GENERAL OPERATIONAL SUPPORT
EPISCOPAL RELIEF AND DEVELOPMENT P.O. BOX 7058 MERRIFIELD, VA 22116-7058	73-1635264	501(C)(3)	75,269.	0.			GENERAL OPERATIONAL SUPPORT
CANTON ELEMENTARY SCHOOL 740 EAST ACADEMY STREET CANTON, MS 39046	64-6000199	501(C)(3)	10,019.	0.			TEACHER SUPPORT FUNDS
CANTON SCHOOL OF ARTS & SCIENCES 357 OLD YAZOO CITY ROAD CANTON, MS 39046	64-6000199	501(C)(3)	6,799.	0.			TEACHER SUPPORT FUNDS

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization **COMMUNITY FOUNDATION OF GREATER JACKSON,
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Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCNEAL ELEMENTARY SCHOOL 364 M.L. KING DRIVE CANTON, MS 39046	64-6000199	501(C)(3)	7,627.	0.			TEACHER SUPPORT FUNDS
HEALTHTRUST FOUNDATION 300 3RD AVENUE SE MAGEE, MS 39111	27-0031018	501(C)(3)	25,000.	0.			GENERAL OPERATIONAL SUPPORT
BROADMEADOW UNITED METHODIST CHURCH - 4419 BROADMEADOW DRIVE - JACKSON, MS 39206	64-0323096	501(C)(3)	15,000.	0.			GENERAL OPERATIONAL SUPPORT
WOMEN'S FUND OF MISSISSIPPI, INC. 120 N. CONGRESS STREET JACKSON, MS 39201	26-4419982	501(C)(3)	12,636.	0.			GENERAL OPERATIONAL SUPPORT
THE LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)(3)	35,000.	0.			GENERAL OPERATIONAL SUPPORT
EPISCOPAL DIVINITY SCHOOL 99 BRATTLE STREET CAMBRIDGE, MA 02138-3402	04-2105768	501(C)(3)	15,000.	0.			GENERAL OPERATIONAL SUPPORT
GUIDE DOGS FOR THE BLIND, INC. P.O. BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	26,045.	0.			GENERAL OPERATIONAL SUPPORT
MERCY FLIGHT SOUTHEAST, INC. 8864 AIRPORT BLVD. LEESBURG, FL 34788	59-2697223	501(C)(3)	52,090.	0.			GENERAL OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVER ARP CHURCH 127 KINGS MOUNTAIN STREET CLOVER, SC 29710	57-0513239	501(C)(3)	10,000.	0.			GENERAL OPERATIONAL SUPPORT
HARRISON COUNTY LIBRARY SYSTEM 324 EAST SECOND STREET PASS CHRISTIAN, MS 39571	64-0588596	501(C)(3)	7,500.	0.			GENERAL OPERATIONAL SUPPORT
MISSISSIPPI MUSEUM OF NATURAL SCIENCE - 2148 RIVERSIDE DRIVE - JACKSON, MS 39202	64-0592874	501(C)(3)	12,500.	0.			GENERAL OPERATIONAL SUPPORT AND PROGRAM DEVELOPMENT
GATEWAY RESCUE MISSION P.O. BOX 3763 JACKSON, MS 39207	64-0369382	501(C)(3)	6,269.	0.			GENERAL OPERATIONAL SUPPORT
FRENCH CAMP ACADEMY ONE FINE PLACE FRENCH CAMP, MS 39754	64-0321520	501(C)(3)	45,000.	0.			GENERAL OPERATIONAL SUPPORT
ST JAMES EPISCOPAL CHURCH 3921 OAKRIDGE DRIVE JACKSON, MS 39216		501(C)(3)	8,086.	0.			GENERAL OPERATIONAL SUPPORT
MISSISSIPPI CHILDRENS MUSEUM P.O. BOX 55409 JACKSON, MS 39296	64-0850010	501(C)(3)	36,000.	0.			GENERAL OPERATIONAL SUPPORT
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002-4999	23-7327730	501(C)(3)	50,000.	0.			GENERAL OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS METRO JACKSON 2519 ROBINSON STREET JACKSON, MS 39209	90-0276523	501(C)(3)	13,022.	0.			GENERAL OPERATIONAL SUPPORT
CHRIST UNITED METHODIST CHURCH 6000 OLD CANTON ROAD JACKSON, MS 39211	64-0824240	501(C)(3)	6,200.	0.			GENERAL OPERATIONAL SUPPORT
ST. PATRICK CATHOLIC CHURCH P.O. BOX 529 MERIDIAN, MS 39302		501(C)(3)	9,331.	0.			GENERAL OPERATIONAL SUPPORT
CORINTH BAPTIST CHURCH 207 CHURCH ROAD MAGEE, MS 39111		501(C)(3)	25,000.	0.			GENERAL OPERATIONAL SUPPORT
THE FORSAKEN CHILDREN P.O. BOX 381483 GERMANTOWN, TN 38183-1483	26-3076006	501(C)(3)	10,500.	0.			PROGRAM DEVELOPMENT
HARVARD BUSINESS SCHOOL 124 MOUNT AUBURN, SUITE 430 N CAMBRIDGE, MA 02138-5796	04-2103580	501(C)(3)	18,751.	0.			GENERAL OPERATIONAL SUPPORT
NEW STAGE THEATRE 1100 CARLISLE STREET JACKSON, MS 39202	64-0435088	501(C)(3)	10,262.	0.			GENERAL OPERATIONAL SUPPORT
FOUNDATION FOR PUBLIC BROADCASTING 3825 RIDGEWOOD ROAD, ROOM 202 JACKSON, MS 39211	64-0712312	501(C)(3)	52,590.	0.			GENERAL OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
64-0845750

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
64-0845750

Part I Types of Property

	(a) 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	4	3,073,094.	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.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION OF GREATER JACKSON, INC.	Employer identification number	64-0845750
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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 III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE WOMEN'S FUND OF THE COMMUNITY FOUNDATION OF GREATER JACKSON OPERATED AS A FIELD OF INTEREST FUND OF THE FOUNDATION UNTIL 3-31-09. AS OF 04-01-09, THE FIELD OF INTEREST FUND SEPARATED FROM THE FOUNDATION AND BECAME A NEW, SEPARATE 501(C)(3) TAX EXEMPT ORGANIZATION NAMED THE WOMEN'S FUND OF MISSISSIPPI, INC. EIN 26-4419982.

FORM 990, PART VI, SECTION A, LINE 4: BASED ON RESEARCH AND AN INFORMAL SURVEY OF SIMILAR COMMUNITY FOUNDATIONS, THE FOUNDATION'S STRATEGIC PLANNING COMMITTEE DEVELOPED A SET OF RECOMMENDATIONS FOR REVISIONS, UPDATES AND IMPROVEMENTS TO THE FOUNDATION'S BY-LAWS AS TO BOARD GOVERNANCE, BOARD SIZE AND FUNCTIONS OF CERTAIN BOARD POSITIONS. THIS COMMITTEE PRESENTED THESE REVISIONS AS A RECOMMENDATION FOR ACTION TO THE FOUNDATION'S EXECUTIVE COMMITTEE AT THE REGULARLY SCHEDULED EXECUTIVE COMMITTEE MEETING ON 5-06-09. THE EXECUTIVE COMMITTEE ACCEPTED AND APPROVED THE STRATEGIC PLANNING COMMITTEE'S PROPOSAL AND RECOMMENDED THESE REVISIONS TO THE FOUNDATION'S BOARD AT THE REGULAR BOARD MEETING HELD 5-12-09. THE BOARD APPROVED THESE REVISIONS AND ASKED THAT THE STRATEGIC PLANNING COMMITTEE DEVELOP A DRAFT OF THE BY-LAWS WHICH WOULD INCORPORATE THESE CHANGES. THIS DRAFT WAS PRESENTED AND ADOPTED BY THE BOARD AT THE REGULAR BOARD MEETING HELD 8-12-09.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION OF GREATER JACKSON, INC.	Employer identification number	64-0845750
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FORM 990, PART VI, SECTION A, LINE 6: THE COMMUNITY FOUNDATION OF GREATER JACKSON, INC. IS ORGANIZED AND OPERATES EXCLUSIVELY AS A NON-PROFIT, NON-STOCK ISSUING CORPORATION. THE FOUNDATION ISSUES NO SHARES AND NO MEMBER OF THE FOUNDATION RECEIVES ANY SHARES IN THE CORPORATION. THE MEMBERS OF THE CORPORATION ARE THE INDIVIDUALS SERVING AS THE TRUSTEES ON THE BOARD OF TRUSTEES OF THE FOUNDATION. THE MEMBERS OF THE BOARD OF TRUSTEES ARE THE GOVERNING BODY OF THE FOUNDATION. THESE MEMBERS MAY NOT TRANSFER A MEMBERSHIP OR ANY RIGHT CONNECTED TO A MEMBERSHIP. THE FOUNDATION DOES NOT MAKE ANY DISTRIBUTIONS OF DIVIDENDS OR PAYMENTS OF ANY PART OF THE INCOME, PROFITS OR EARNINGS TO ANYONE - INCLUDING THE MEMBERS OF THE CORPORATION.

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER JACKSON,
INC.

Employer identification number
64-0845750

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 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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Form 990 or to provide any additional information.
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2009

Open to Public
Inspection

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

Depreciation and Amortization 990 (Including Information on Listed Property)

2009

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COMMUNITY FOUNDATION OF GREATER JACKSON, INC.

FORM 990 PAGE 10

64-0845750

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

Table with 13 rows for Section 179 election. Line 1: 250,000. Line 3: 800,000. Line 16: 2,541.

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

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

Table with 3 rows for Special Depreciation Allowance. Line 16: 2,541.

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

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2009.

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

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

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

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

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 22: 2,541. Line 23: Portion of the basis attributable to section 263A costs.

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)

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

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

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

:	:	%	:	:	:	:	:

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

:	:	%	:	:	S/L -	:	:

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

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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
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42 Amortization of costs that begins during your 2009 tax year:

:	:	:	:	:	:

43 Amortization of costs that began before your 2009 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization COMMUNITY FOUNDATION OF GREATER JACKSON, INC.	Employer identification number 64-0845750
	Number, street, and room or suite no. If a P.O. box, see instructions. 525 EAST CAPITOL ST, NO. 5B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MS 39201	

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

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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **APR 1, 2009**, and ending **MAR 31, 2010**.

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

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

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

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning APR 1, 2009, and ending MAR 31, 2010

2009

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

**DOUGLAS R. BOONE
PRESIDENT/CEO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3465913</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

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 2009 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 2009 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 2009 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 2009 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 ▶ 11/10/10

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