

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning APR 1, 2017, and ending MAR 31, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**COMMUNITY FOUNDATION FOR MISSISSIPPI**

**64-0845750**

Name and title of officer

**JANE C. ALEXANDER  
PRESIDENT AND CEO**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>9,236,377.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

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

as my signature on the organization's tax year 2017 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 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

### Part III Certification and Authentication

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

**64076829999**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ 01/28/19

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION FOR MISSISSIPPI</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>119 S. PRESIDENT STREET, 1ST FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>JACKSON, MS 39201</b> <b>F</b> Name and address of principal officer: <b>JANE C. ALEXANDER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>64-0845750</b> <b>E</b> Telephone number <b>601-974-6044</b> <b>G</b> Gross receipts \$ <b>22,968,847.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.FORMISSISSIPPI.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>MS</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION'S PRIMARY PURPOSE IS TO SERVE THE MISSISSIPPI AREA AS A COMMUNITY FOUNDATION.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,645,527.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,767,425.</b>	<b>2,823,647.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>99,505.</b>	<b>87,254.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,512,457.</b>	<b>9,236,377.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,441,778.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>447,224.</b>	<b>455,058.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>46,199.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,986,977.</b>	<b>2,596,950.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,875,979.</b>	<b>7,055,952.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,636,478.</b>	<b>2,180,425.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>51,643,147.</b>	<b>End of Year</b> <b>55,999,429.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>7,828,270.</b>	<b>8,763,521.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>43,814,877.</b>	<b>47,235,908.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>JANE C. ALEXANDER, PRESIDENT AND CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMIE T. WHITTINGTON, CPA</b>	Preparer's signature <b>AMIE T. WHITTINGTON,</b>	Date <b>01/28/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01082167</b>
	Firm's name ▶ <b>HORNE LLP</b>	Firm's EIN ▶ <b>20-1941244</b>			
	Firm's address ▶ <b>1020 HIGHLAND COLONY PKWY., STE. 400</b> <b>RIDGELAND, MS 39157</b>		Phone no. <b>601-326-1000</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION FOR MISSISSIPPI IS A NONPROFIT, COMMUNITY CORPORATION CREATED BY AND FOR THE PEOPLE OF MISSISSIPPI. THE ORGANIZATION HELPS CHARITABLE DONORS ESTABLISH PERMANENT GIVING FUNDS THAT REFLECT INDIVIDUAL PHILANTHROPIC INTERESTS WHILE ALSO MAKING A

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,884,916. including grants of \$ 4,003,944. ) (Revenue \$ 1,121,859. ) THE FOUNDATION'S MISSION IS TO PROVIDE PHILANTHROPIC LEADERSHIP BY MEETING THE NEEDS OF THE REGION'S DONORS AND GRANT SEEKERS. IT ENCOURAGES DONATIONS FOR CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES.

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

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

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

4e Total program service expenses 6,884,916.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JACKIE P. BAILEY, COO - 601-974-6044**  
**119 S. PRESIDENT STREET, 1ST FLOOR, JACKSON, MS 39201**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMIE HOUSTON BOARD VICE CHAIRMAN	1.00	X					0.	0.	0.	
(2) WILL CROSSLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(3) JANET Y. HARRIS BOARD MEMBER	1.00	X					0.	0.	0.	
(4) JUDY WIENER BOARD MEMBER	1.00	X					0.	0.	0.	
(5) MIKE MCREE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) JAN LEWIS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) CHARLES W. NICHOLSON, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MARY YERGER DUNBAR SECRETARY	1.00	X					0.	0.	0.	
(9) CANDIE SIMMONS TREASURER	1.00	X					0.	0.	0.	
(10) KELLEY WILLIAMS, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(11) KENNY WINDHAM BOARD MEMBER	1.00	X					0.	0.	0.	
(12) STEPHEN JOHNSTON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JESSE MITCHELL BOARD MEMBER	1.00	X					0.	0.	0.	
(14) STACY THOMAS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JON C. TURNER CHAIRMAN	2.00	X					0.	0.	0.	
(16) ASHLEY N. WICKS BOARD MEMBER	1.00	X					0.	0.	0.	
(17) LARRY EDWARDS 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN HILL BOARD MEMBER	1.00	X						0.	0.	0.
(19) JANE C. ALEXANDER PRESIDENT AND CEO	40.00			X				112,840.	0.	10,830.
(20) JACKIE P. BAILEY CHIEF OPERATING OFFICER	40.00			X				109,836.	0.	11,118.
<b>1b Sub-total</b>								222,676.	0.	21,948.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								222,676.	0.	21,948.

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MR. SAMMY MOON 645 CHICKASAW AVENUE, JACKSON, MS 39206	FUND CONSULTING SVCS	145,084.

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	6,325,476.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		770,657.				
	<b>h Total.</b> Add lines 1a-1f .....		6,325,476.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,701,788.			1,701,788.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		14,854,329.					
		<b>b</b> Less: cost or other basis and sales expenses .....		13,732,470.			
		<b>c</b> Gain or (loss) .....		1,121,859.			
	<b>d</b> Net gain or (loss) .....		1,121,859.	1,121,859.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> ADMIN FEE FOR AGENCY .....		900099	65,916.			65,916.	
<b>b</b> MISCELLANEOUS .....		900099	21,338.			21,338.	
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			87,254.				
<b>12 Total revenue.</b> See instructions. ....			9,236,377.	1,121,859.	0.	1,789,042.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,961,344.	3,961,344.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	42,600.	42,600.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	222,676.	172,649.	27,609.	22,418.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	157,990.	135,691.	14,264.	8,035.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	45,178.	36,594.	4,970.	3,614.
<b>10</b> Payroll taxes .....	29,214.	23,663.	3,214.	2,337.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	48,267.	2,413.	45,854.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	171,384.	171,384.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,022.	5,022.		
<b>12</b> Advertising and promotion .....	23,936.	20,106.	2,154.	1,676.
<b>13</b> Office expenses .....	9,921.	7,987.	1,091.	843.
<b>14</b> Information technology .....	18,698.	15,706.	1,683.	1,309.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	17,616.	1,273.	16,343.	
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	5,841.	5,841.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,129.	1,788.	192.	149.
<b>23</b> Insurance .....	8,315.	6,985.	748.	582.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a PROGRAM EXPENSES</b>	2,208,706.	2,208,706.		
<b>b MISCELLANEOUS</b>	21,330.	17,917.	1,921.	1,492.
<b>c MEALS &amp; ENTERTAINMENT</b>	15,856.	13,319.	1,427.	1,110.
<b>d DUES &amp; SUBSCRIPTIONS</b>	14,470.	12,156.	1,302.	1,012.
<b>e All other expenses</b> .....	25,459.	21,772.	2,065.	1,622.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,055,952.	6,884,916.	124,837.	46,199.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	193,568.	<b>1</b>	2,271,150.
	<b>2</b> Savings and temporary cash investments .....	4,382,818.	<b>2</b>	3,211,485.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 65,242.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,971.	48,119.	<b>10c</b> 47,271.
	<b>11</b> Investments - publicly traded securities .....	44,582,494.	<b>11</b>	48,224,296.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,330,797.	<b>12</b>	2,136,885.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	105,351.	<b>15</b>	108,342.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	51,643,147.	<b>16</b>	55,999,429.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,828,270.	<b>25</b>	8,763,521.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,828,270.	<b>26</b>	8,763,521.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	27,235,500.	<b>27</b>	28,597,755.
	<b>28</b> Temporarily restricted net assets .....	16,579,377.	<b>28</b>	18,638,153.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	43,814,877.	<b>33</b>	47,235,908.	
<b>34</b> Total liabilities and net assets/fund balances .....	51,643,147.	<b>34</b>	55,999,429.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,236,377.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,055,952.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,180,425.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	43,814,877.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,240,606.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	47,235,908.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION FOR MISSISSIPPI** 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2233762.	4400528.	12836559.	4645527.	6325476.	30441852.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2233762.	4400528.	12836559.	4645527.	6325476.	30441852.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7142795.
<b>6 Public support.</b> Subtract line 5 from line 4.						23299057.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	2233762.	4400528.	12836559.	4645527.	6325476.	30441852.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	940,251.	1151992.	1131315.	1330778.	1701788.	6256124.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						36697976.
<b>12</b> 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** ..... ►

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	63.49 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	64.10 %

**16a 33 1/3% support test - 2017.** 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 ..... ►

**b 33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ►

**17a 10% -facts-and-circumstances test - 2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ►

**b 10% -facts-and-circumstances test - 2016.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ►

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**Name of the organization** COMMUNITY FOUNDATION FOR MISSISSIPPI **Employer identification number** 64-0845750

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	63	151
2 Aggregate value of contributions to (during year) .....	1,012,722.	2,561,183.
3 Aggregate value of grants from (during year) .....	1,182,364.	1,844,592.
4 Aggregate value at end of year .....	18,035,119.	19,593,110.
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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

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

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

a Revenue included on 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 XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	24,681,378.	21,706,864.	23,505,712.	22,462,586.	19,173,958.
b Contributions	1,127,042.	1,117,782.	805,957.	1,402,017.	1,577,233.
c Net investment earnings, gains, and losses	2,722,545.	3,110,327.	-1,254,229.	1,213,446.	2,868,178.
d Grants or scholarships	1,751,836.	945,159.	1,040,118.	1,280,835.	905,916.
e Other expenditures for facilities and programs	4,722.	4,636.	7,960.	86,697.	74,366.
f Administrative expenses	315,606.	303,800.	302,498.	204,805.	176,501.
g End of year balance	26,458,801.	24,681,378.	21,706,864.	23,505,712.	22,462,586.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  26.97 %
- c Temporarily restricted endowment  73.03 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		7,659.	2,110.	5,549.
d Equipment		57,583.	15,861.	41,722.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				47,271.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	8,763,521.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,763,521.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,492,053.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,240,606.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	15,070.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,255,676.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,236,377.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,236,377.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,071,022.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	15,070.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	15,070.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,055,952.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,055,952.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, 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 FOOTNOTES 5 & 6 OF OUR FINANCIALS AS WELL AS FOR THE FOLLOWING PURPOSES AS STATED IN FOOTNOTE 7 OF OUR FINANCIALS: MEDICAL, CHARITABLE, COMMUNITY ENRICHMENT, EDUCATIONAL, HISTORIC PRESERVE PARKS, RECREATION, AWARDS AND SCHOLARSHIPS.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION FOR MISSISSIPPI** 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALS ASSOCIATION GOLDEN WEST CHAPTER - P. O. BOX 565 - AGOURA HILLS, CA 91376	13-3271855	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
AMERICAN RED CROSS OF SOUTHWEST MISSISSIPPI - 9 RIVER BEND PLACE, SUITE 130 - FLOWOOD, MS 39232	53-0196605	501(C)3	0.	12,990.			GENERAL OPER SUPPORT
ANGEL FLIGHT SOUTHEAST 8864 AIRPORT BLVD. LEESBURG, FL 34788	59-2697223	501(C)3	0.	29,676.			GENERAL OPER SUPPORT
BALLET MISSISSIPPI 201 EAST PASCAGOULA STREET SUITE 10 JACKSON, MS 39201	64-0674807	501(C)3	0.	18,835.			GENERAL OPER SUPPORT
BAPTIST HEALTH FOUNDATION 1225 NORTH STATE STREET JACKSON, MS 39202	47-3403762	501(C)3	0.	5,500.			GENERAL OPER SUPPORT
BELHAVEN UNIVERSITY 1500 PEACHTREE STREET JACKSON, MS 39202	64-0303069	501(C)3	0.	15,000.			GENERAL OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **89.**
- 3** Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL CONGREGATION P. O. BOX 1329 JACKSON, MS 39236	64-6013141	501(C)3	0.	25,250.			GENERAL OPER SUPPORT
CANOPY CHILDREN'S SERVICES P.O. BOX 1078 JACKSON, MS 39215	64-0303085	501(C)3	0.	6,100.			GENERAL OPER SUPPORT
CANTON PUBLIC SCHOOL DISTRICT 403 EAST LINCOLN STREET CANTON, MS 39046	64-6000199	GOVT	0.	33,477.			GENERAL OPER SUPPORT
CENTER FOR SOCIAL ENTREPRENEURSHIP P.O. BOX 5197 JACKSON, MS 39296	41-2228571	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
CENTRAL UNITED METHODIST CHURCH 500 NORTH FARISH STREET JACKSON, MS 39202		501(C)3	0.	8,000.			GENERAL OPER SUPPORT
CLEVELAND MUSIC FOUNDATION, INC. 800 WEST SUNFLOWER ROAD CLEVELAND, MS 38732	45-3186945	501(C)3	0.	25,000.			GENERAL OPER SUPPORT
CREATE FOUNDATION P. O. BOX 1053 TUPELO, MS 38802	23-7248582	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
CREATIVE MISSISSIPPI 3 PIERCE COVE JACKSON, MS 39211	82-1190272	501(C)3	0.	15,500.			GENERAL OPER SUPPORT
DELTA STREETS MINISTRIES D/B/A/ DELTA STREETS ACADEMY - P. O. BOX 9895 - GREENWOOD, MS 38930	27-3045571	501(C)3	0.	10,000.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS METRO JACKSON 350 W. WOODROW WILSON, SUITE 3410 JACKSON, MS 39213	13-4040377	501(C)3	0.	7,419.			GENERAL OPER SUPPORT
EMPOWER MISSISSIPPI FOUNDATION P. O. BOX 4028 MADISON, MS 39130	46-4565274	501(C)3	0.	45,000.			GENERAL OPER SUPPORT
EPISCOPAL DIOCESE OF MISSISSIPPI P.O. BOX 23107 JACKSON, MS 39225	64-0303076	501(C)3	0.	18,304.			GENERAL OPER SUPPORT
EUDORA WELTY FOUNDATION P.O. BOX 55685 JACKSON, MS 39296	64-0909832	501(C)3	0.	42,000.			GENERAL OPER SUPPORT
FIRST PRESBYTERIAN CHURCH OF JACKSON - 1390 NORTH STATE STREET - JACKSON, MS 39202		501(C)3	0.	43,000.			GENERAL OPER SUPPORT
FOUNDATION FOR MISSISSIPPI HISTORY P. O. BOX 571 JACKSON, MS 39205	20-2649529	501(C)3	0.	761,000.			GENERAL OPER SUPPORT
FRENCH CAMP ACADEMY ONE FINE PLACE FRENCH CAMP, MS 39754	64-0321520	501(C)3	0.	25,000.			GENERAL OPER SUPPORT
GATEWAY RESCUE MISSION P.O. BOX 3763 JACKSON, MS 39207	64-0369382	501(C)3	0.	15,390.			GENERAL OPER SUPPORT
GEORGIA TECH FOUNDATION 760 SPRING STREET, NW, SUITE 400 ATLANTA, GA 30308	58-6043294	501(C)3	0.	26,644.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDRING/WOLDENBERG INSTITUTE OF SOUTHERN JEWISH LIFE - P.O. BOX 16528 - JACKSON, MS 39236	64-0762027	501(C)3	0.	33,250.			GENERAL OPER SUPPORT
GREATER EASTOVER NEIGHBORHOOD FOUNDATION, INC. - P. O. BOX 12255 - JACKSON, MS 39236	27-0971037	501(C)3	0.	6,000.			GENERAL OPER SUPPORT
GUIDE DOGS FOR THE BLIND, INC. P.O. BOX 151200 SAN RAFAEL, CA 94915	94-1196195	501(C)3	0.	14,838.			GENERAL OPER SUPPORT
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET, SUITE 430N CAMBRIDGE, MA 02138	04-2103580	501(C)3	0.	13,751.			GENERAL OPER SUPPORT
HOPE ENTERPRISE CORPORATION 4 OLD RIVER PLACE, SUITE A JACKSON, MS 39202	64-0851798	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
HOPE HOUSE OF HOSPITALITY 786 E. NORTHSIDE DRIVE JACKSON, MS 39206	64-0622022	501(C)3	0.	30,000.			GENERAL OPER SUPPORT
INTERNATIONAL BALLET COMPETITION P.O. BOX 3696 JACKSON, MS 39207	64-0620289	501(C)3	0.	5,250.			GENERAL OPER SUPPORT
INTERNATIONAL MUSEUM OF MUSLIM CULTURES - 117 EAST PASCAGOULA STREET - JACKSON, MS 39201	36-4495799	501(C)3	0.	10,000.			GENERAL OPER SUPPORT
JACKSON PUBLIC SCHOOLS P.O. BOX 2338 JACKSON, MS 39225	64-6000505	GOVT	0.	123,322.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON ZOOLOGICAL SOCIETY 2918 WEST CAPITOL STREET JACKSON, MS 39209	64-0933460	501(C)3	0.	15,972.			GENERAL OPER SUPPORT
LAUREN ROGERS MESEUM OF ART P.O. BOX 1108 LAUREL, MS 39441	64-0308406	501(C)3	0.	25,000.			GENERAL OPER SUPPORT
LINCOLN LAWRENCE FRANKLIN REGIONAL LIBRARY - 100 S. JACKSON STREET - BROOKHAVEN, MS 39601	64-6001342	GOVT	0.	20,300.			GENERAL OPER SUPPORT
MADISON COUNTY SCHOOL DISTRICT 476 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157		GOVT	0.	40,135.			GENERAL OPER SUPPORT
MAGNOLIA SPEECH SCHOOL 733 FLAG CHAPEL ROAD JACKSON, MS 39209	64-0435317	501(C)3	0.	6,300.			GENERAL OPER SUPPORT
MAKE-A-WISH FOUNDATION OF MISSISSIPPI - 607 HIGHLAND COLONY PARKWAY, SUITE 100 - RIDGELAND, MS 39157	64-0730362	501(C)3	0.	6,500.			GENERAL OPER SUPPORT
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE, SUITE 60 RESTON, VA 20191	54-1429009	501(C)3	0.	25,000.			GENERAL OPER SUPPORT
MILLSAPS COLLEGE P. O. BOX 151191 JACKSON, MS 39210	64-0303084	501(C)3	0.	43,667.			GENERAL OPER SUPPORT
MIRACLE LEAGUE OF CENTRAL MISSISSIPPI - P. O. BOX 5031 - BRANDON, MS 39047	46-5752755	501(C)3	0.	5,000.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI ARTS COMMISSION 501 NORTH WEST STREET, SUITE 1101A JACKSON, MS 39201	64-0500688	501(C)3	0.	149,739.			GENERAL OPER SUPPORT
MISSISSIPPI CAMPAIGN FOR TEEN PREGNANCY PREVENTION - P. O. BOX 16123 - JACKSON, MS 39236	45-3267178	501(C)3	0.	8,200.			GENERAL OPER SUPPORT
MISSISSIPPI CENTER FOR JUSTICE P.O. BOX 1023 JACKSON, MS 39215	13-4203234	501(C)3	0.	6,700.			GENERAL OPER SUPPORT
MISSISSIPPI CENTER FOR NONPROFITS 201 W. CAPITOL STREET; STE 700 JACKSON, MS 39201	58-2025957	501(C)3	0.	8,037.			GENERAL OPER SUPPORT
MISSISSIPPI CHILDREN'S MUSEUM P.O. BOX 55409 JACKSON, MS 39296	64-0850010	501(C)3	0.	10,250.			GENERAL OPER SUPPORT
MISSISSIPPI COLLEGE P.O. BOX 4005 CLINTON, MS 39058	64-0303086	501(C)3	0.	35,728.			GENERAL OPER SUPPORT
MISSISSIPPI COUNCIL ON ECONOMIC EDUCATION - 1701 N. STATE STREET - JACKSON, MS 39210	82-0563444	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
MISSISSIPPI FOLK ART FOUNDATION 103 RIVERBEND DRIVE BRANDON, MS 39047	46-3641415	501(C)3	0.	22,500.			GENERAL OPER SUPPORT
MISSISSIPPI FOOD NETWORK P.O. BOX 411 JACKSON, MS 39205	64-0676325	501(C)3	0.	16,318.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI MUSEUM OF ART 380 SOUTH LAMAR STREET JACKSON, MS 39201	64-6025771	501(C)3	0.	110,161.			GENERAL OPER SUPPORT
MISSISSIPPI OPERA ASSOCIATION PO BOX 1551 JACKSON, MS 39215	23-7113188	501(C)3	0.	15,764.			GENERAL OPER SUPPORT
MISSISSIPPI PRESS ASSOCIATION 371 EDGEWOOD TERRACE JACKSON, MS 39206	64-0467577	501(C)3	0.	5,300.			GENERAL OPER SUPPORT
MISSISSIPPI STATE UNIVERSITY COLLEGE OF ARCHITECTURE, ART, AND DESIGN - P. O. BOX AQ - MISSISSIPPI STATE, MS 39762		GOVT	0.	5,750.			GENERAL OPER SUPPORT
MISSISSIPPI SYMPHONY ORCHESTRA P.O. BOX 2052 JACKSON, MS 39225	64-0273405	501(C)3	0.	54,680.			GENERAL OPER SUPPORT
MISSISSIPPI TODAY 750 WOODLANDS PARKWAY, SUITE 100 RIDGELAND, MS 39157	47-2158741	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
MORRISON HEIGHTS BAPTIST CHURCH 3000 HAMPSTEAD AVENUE CLINTON, MS 39056		501(C)3	0.	10,000.			GENERAL OPER SUPPORT
MPB FOUNDATION 3825 RIDGEWOOD ROAD JACKSON, MS 39211	81-3063377	501(C)3	0.	31,176.			GENERAL OPER SUPPORT
MUSEUM OF THE MISSISSIPPI DELTA 1608 HIGHWAY 82 WEST GREENWOOD, MS 38930	23-7068702	501(C)3	0.	12,500.			GENERAL OPER SUPPORT



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NETWORK FOR GOOD P.O. BOX 675036 DETROIT, MI 48267	68-0487360	501(C)3	0.	12,000.			GENERAL OPER SUPPORT
NEW ORLEANS MISSION, INC. 1130-40 ORETHA CASTLE HALEY BOULEVA NEW ORLEANS, MS 70113	72-1151696	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
NEW STAGE THEATRE 1100 CARLISLE STREET JACKSON, MS 39202	64-0435088	501(C)3	0.	17,284.			GENERAL OPER SUPPORT
NORTHMINSTER BAPTIST CHURCH 3955 RIDGEWOOD RD JACKSON, MS 39211		501(C)3	0.	86,500.			GENERAL OPER SUPPORT
OPERATION SHOESTRING, INC. P. O. BOX 11223 JACKSON, MS 39283	64-0471554	501(C)3	0.	21,069.			GENERAL OPER SUPPORT
PARENTS FOR PUBLIC SCHOOLS OF JACKSON - 200 N. CONGRESS ST. - JACKSON, MS 39201	57-0907683	501(C)3	0.	33,335.			GENERAL OPER SUPPORT
PEARSON FOUNDATION P.O. BOX 54056 PEARL, MS 39288	64-0935063	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
R.E.A.L. CHRISTIAN FOUNDATION P.O. BOX 180059 RICHLAND, MS 39218	64-0885750	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
REFORMED THEOLOGICAL SEMINARY 5422 CLINTON BOULEVARD JACKSON, MS 39209	64-0428676	501(C)3	0.	32,500.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFORMED UNIVERSITY MINISTRIES P. O. BOX 890004 CHARLOTTE, NC 28289	58-1713181	501(C)3	0.	8,899.			GENERAL OPER SUPPORT
RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180	14-1340095	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
REVITALIZE MISSISSIPPI, INC. 460 GLENWAY DRIVE JACKSON, MS 39216	47-4276419	501(C)3	0.	654,000.			GENERAL OPER SUPPORT
ROSEMONT HUMAN SERVICE 3930 OFFICER THOMAS CATCHINGS DRIVE JACKSON, MS 39209	64-0902648	501(C)3	0.	98,038.			GENERAL OPER SUPPORT
ST. ANDREW'S EPISCOPAL CATHEDRAL P.O. BOX 1366 JACKSON, MS 39215	64-0323059	501(C)3	0.	11,600.			GENERAL OPER SUPPORT
ST. ANDREW'S EPISCOPAL SCHOOL 370 OLD AGENCY ROAD RIDGELAND, MS 39157	64-0324405	501(C)3	0.	50,250.			GENERAL OPER SUPPORT
ST. DOMINIC HEALTH SERVICES FOUNDATION - 969 LAKELAND DRIVE - JACKSON, MS 39216	43-1992975	501(C)3	0.	15,500.			GENERAL OPER SUPPORT
ST. DOMINIC-JACKSON MEMORIAL HOSPITAL - 969 LAKELAND DRIVE - JACKSON, MS 39216	64-0303091	501(C)3	0.	25,000.			GENERAL OPER SUPPORT
ST. PATRICK CATHOLIC CHURCH P.O. BOX 529 MERIDIAN, MS 39302		501(C)3	0.	10,069.			GENERAL OPER SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEWOPOT COMMUNITY SERVICES P. O. BOX 3610 JACKSON, MS 39207	64-0655566	501(C)3	0.	57,573.			GENERAL OPER SUPPORT
SUMMIT CHARTER SCHOOL FOUNDATION, INC. - P.O. BOX 2493 - CASHIERS, NC 28717	56-2039872	501(C)3	0.	10,000.			GENERAL OPER SUPPORT
THE LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)3	0.	25,000.			GENERAL OPER SUPPORT
THE NATURE CONSERVANCY OF MISSISSIPPI - P. O. BOX 2444 - MADISON, MS 39130	53-0242652	501(C)3	0.	6,000.			GENERAL OPER SUPPORT
THE REDEEMER'S SCHOOL 640 EAST NORTHSIDE DRIVE JACKSON, MS 39206	46-5743940	501(C)3	0.	12,000.			GENERAL OPER SUPPORT
THE SALVATION ARMY 1450 RIVERSIDE DRIVE JACKSON, MS 39202	63-0288866	501(C)3	0.	16,217.			GENERAL OPER SUPPORT
UNITED WAY OF SOUTH MISSISSIPPI 11975 SEAWAY ROAD, SUITE B170 GULFPORT, MS 39503	64-0826356	501(C)3	0.	9,980.			GENERAL OPER SUPPORT
UNITED WAY OF WEST CENTRAL MISSISSIPPI - 920 SOUTH STREET - VICKSBURG, MS 39180	64-0330259	501(C)3	0.	5,000.			GENERAL OPER SUPPORT
UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVENUE - OXFORD, MS 38655	23-7310293	501(C)3	0.	61,828.			GENERAL OPER SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520	GOVT	0.	396,100.			GENERAL OPER SUPPORT
UTICA CHHRISTIAN CHURCH 316 EAST MAIN STREET UTICA, MS 39175		501(C)3	0.	6,925.			GENERAL OPER SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE PMB 407727 NASHVILLE, TN 37240	62-0476822	501(C)3	0.	17,822.			GENERAL OPER SUPPORT
WAKE FORESTUNIVERSITY P. O. BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)3	0.	11,000.			GENERAL OPER SUPPORT
WALTER ANDERSON MUSEUM OF ART 510 WASHINGTON AVENUE OCEAN SPRINGS, MS 39564	51-0173731	501(C)3	0.	15,000.			GENERAL OPER SUPPORT
WELLS MEMORIAL UNITED METHODIST CHURCH - 2019 BAILEY AVENUE - JACKSON, MS 39202		501(C)3	0.	25,500.			GENERAL OPER SUPPORT
WOMEN'S FOUNDATION OF MISSISSIPPI, INC. - 2906 NORTH STATE STREET, SUITE 302 - JACKSON, MS 39216	26-4419982	501(C)3	0.	11,000.			GENERAL OPER SUPPORT
YOUNG LIFE, INC. P. O. BOX 79066 JACKSON, MS 39236	84-0385934	501(C)3	0.	6,000.			GENERAL OPER SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE TUITION SCHOLARSHIPS	18	38,700.	0.	CASH VALUE OF SCHOLARSHIPS	SCHOLARSHIPS FOR STUDENTS' COLLEGE TUITION
EMPLOYEE EMERGENCY RELIEF	39	3,900.	0.	CASH VALUE OF RELIEF PAYMENTS	EMPLOYEE EMERGENCY RELIEF ASSISTANCE

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

FOR DONOR ADVISED GRANTS, GRANTEEES ARE REQUIRED TO COMPLETE A GRANT ACKNOWLEDGEMENT FORM TO CONFIRM RECEIPT OF THE GRANT. FOR COMPETITIVE GRANTS, GRANTEEES ARE REQUIRED TO COMPLETE A FORMAL EVALUATION REPORT SIX MONTHS FROM THE DATE OF THE GRANT. GRANTEEES 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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **COMMUNITY FOUNDATION FOR MISSISSIPPI** Employer identification number **64-0845750**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20	770,657.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE INVESTMENT FIRM OF MEDLEY AND BROWN IS USED TO SELL/LIQUIDATE THE GIFTS OF PUBLICLY TRADED STOCK - NO OTHER THIRD PARTY IS USED, AND NO THIRD PARTY HAS EVER BEEN USED TO SOLICIT OR PROCESS NON-CASH DONATIONS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MISSISSIPPI

Employer identification number

64-0845750

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

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

FORM 990, PART VI, SECTION A, LINE 4:

IN FY 2017-2018, THE COMMUNITY FOUNDATION OF GREATER JACKSON EMBARKED ON A  
STRATEGIC PLANNING PROCESS TO CHART A COURSE FOR GROWTH FOR THE FUTURE.

PART OF THAT PLAN INCLUDED A NAME CHANGE, TO REFLECT BOTH THE FOUNDATION'S  
GROWTH IN ASSETS AND SCOPE, AND TO PROVIDE PHILANTHROPIC SERVICES TO

ADDITIONAL COUNTIES WHICH WERE NOT COVERED BY AN EXISTING COMMUNITY

FOUNDATION. IN CONCERT WITH THE OTHER COMMUNITY FOUNDATIONS IN THE STATE,

WE IDENTIFIED 19 NEW COUNTIES TO ADD TO OUR FOOTPRINT. THIS ADDITION MADE

IT EVEN MORE ESSENTIAL THAT THE FOUNDATION RENAME, AS NONE OF THESE

COUNTIES WOULD BE DESCRIBED AS "GREATER JACKSON." THE COMMUNICATIONS

CONSULTANTS AND STRATEGIC PLANNING CONSULTANT RECOMMENDED, AND THE BOARD OF

TRUSTEES ADOPTED, THE NEW NAME, COMMUNITY FOUNDATION FOR MISSISSIPPI, AND

THE BYLAWS AND OTHER DOCUMENTS WERE AMENDED AND FILED WITH THE IRS AND THE

MISSISSIPPI SECRETARY OF STATE'S OFFICE. HARD COPIES OF THESE DOCUMENTS

WILL BE SENT UNDER SEPARATE COVER.

FORM 990, PART VI, SECTION A, LINE 6:

THE COMMUNITY FOUNDATION FOR MISSISSIPPI, 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



Name of the organization COMMUNITY FOUNDATION FOR MISSISSIPPI	Employer identification number 64-0845750
--	--

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 11B:

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 THE REVISED DRAFT WITH THE PRESIDENT/CEO AND THE FINANCE COMMITTEE OF THE FOUNDATION. ONCE THE ACCOUNTING FIRM, THE COO, THE PRESIDENT/CEO, AND THE FINANCE COMMITTEE ARE SATISFIED WITH THE RETURN, A DRAFT IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. THEIR QUESTIONS AND COMMENTS, IF ANY, ARE ADDRESSED AND INCORPORATED INTO THE FORM WITH THE FINAL VERSION PRESENTED TO THE BOARD FOR APPROVAL. ONCE APPROVED BY THE BOARD, THE FORM 990 IS FILED WITH THE IRS.

Name of the organization

COMMUNITY FOUNDATION FOR MISSISSIPPI

Employer identification number

64-0845750

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 ORIGINALLY BY A SEARCH COMMITTEE AND THEN MONITORED BY THE FINANCE COMMITTEE, BOTH OF WHICH ARE APPOINTED BY THE CHAIRMAN AND THE BOARD OF THE FOUNDATION. THESE COMMITTEES ARE COMPOSED OF THE CHAIRMAN, CURRENT BOARD MEMBERS, FORMER BOARD MEMBERS AND COMMUNITY LEADERS EXPERIENCED WITH OTHER NON-PROFIT ORGANIZATIONS IN OUR SERVICE AREA.

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

Name of the organization COMMUNITY FOUNDATION FOR MISSISSIPPI	Employer identification number 64-0845750
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THIS ENTIRE PROCESS IS DOCUMENTED IN THE MEETING MINUTES OF THE SEARCH COMMITTEE, THE FINANCE COMMITTEE, THE EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE COMMUNITY FOUNDATION FOR MISSISSIPPI 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.FORMISSISSIPPI.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 X, LINE 12 - INVESTMENTS - OTHER SECURITIES

IN DECEMBER 2015, THE FOUNDATION RECEIVED AS A DONATION A LEASEHOLD INTEREST OF 1,858 ACRES OF TIMBER RIGHTS REFERRED TO AS A TIMBER PURCHASE AND CUTTING AGREEMENT (THE "TPC") IN NORTHERN ALABAMA. THE TPC IS A 99 YEAR AGREEMENT THAT PRIMARILY GIVES THE TPC OWNER THE RIGHT TO GROW AND HARVEST TIMBER FOR 87 MORE YEARS ON CERTAIN PROPERTIES IN WHICH THE TIMBER RIGHTS WERE OWNED BY THE DONOR. ADDITIONALLY, THE TPC OWNER ALSO HAS RECREATIONAL RIGHTS FOR THE TERM OF THE AGREEMENT. THERE ARE NO ANNUAL PAYMENTS ASSOCIATED WITH THE TPC AND THE TPC OWNER IS ONLY SUBJECT TO PROPERTY TAXES FOR TIMBER GROWING PURPOSES (\$2.50 PER ACRE). THERE IS NO REFORESTATION EXPENSE FOR THE TPC OWNER DURING THE LAST 24 YEARS OF THE AGREEMENT, AS THE OWNERSHIP OF ANY ACREAGE CLEAR-CUT DURING THAT TIME PERIOD WILL REVERT BACK TO THE LANDOWNER.

ADDITIONALLY, THERE IS AN OPTION FOR THE LANDOWNER TO BUY OUT THE

Name of the organization

COMMUNITY FOUNDATION FOR MISSISSIPPI

Employer identification number

64-0845750

RIGHTS TO THE TPC FROM THE TPC OWNER AT THE 50 AND 75 YEAR ANNIVERSARIES. ADDITIONALLY, IF THERE IS ANY LAND NEEDED FOR MINERAL USE BY THE LANDOWNER, THE LANDOWNER WOULD HAVE TO PAY THE TPC OWNER THE FAIR MARKET VALUE OF ALL STANDING TIMBER AS WELL AS THE VALUE OF THE LOSS OF FUTURE GROWING RIGHTS FOR THE TERM OF THE USE ON THE PARCELS BEING USED.

THE FAIR MARKET VALUE OF THE TPC WAS ORIGINALLY APPRAISED AT \$2,300,000 BY AN INDEPENDENT THIRD PARTY APPRAISER. THE TPC WILL BE RE-APPRAISED EVERY 5 YEARS FROM THE DATE OF DONATION. IN YEARS THAT AN APPRAISAL IS NOT OBTAINED, MANAGEMENT ESTIMATES THE CHANGES IN FAIR MARKET VALUE BASED ON CURRENT INVENTORY ESTIMATES AND MARKET PRICES AS RECEIVED FROM THE TIMBER MANAGEMENT COMPANY. ANY CHANGES IN FAIR MARKET VALUE ARE RECORDED AS UNREALIZED GAINS OR LOSSES IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

FORM 990, PART XII, LINE 2C, AUDIT COMMITTEE

COMMUNITY FOUNDATION FOR MISSISSIPPI DOES HAVE A FINANCE COMMITTEE (FORMERLY CALLED THE AUDIT COMMITTEE). THIS COMMITTEE IS ALWAYS CHAIRED BY A BOARD MEMBER WITH BOARD MEMBERS AND NON-BOARD MEMBER VOLUNTEERS WITH FINANCIAL BACKGROUNDS SERVING ON THE COMMITTEE. THE NUMBER OF MEMBERS ON THE FINANCE COMMITTEE IS DETERMINED EACH YEAR BY THE BOARD CHAIRMAN.

THE FINANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE ANNUAL AUDIT AND FORM 990 AND RECOMMENDING APPROVAL OR MODIFICATION OF THESE DOCUMENTS TO THE BOARD. THE COMMITTEE ALSO MEETS AT LEAST QUARTERLY TO REVIEW

Name of the organization <b>COMMUNITY FOUNDATION FOR MISSISSIPPI</b>	Employer identification number <b>64-0845750</b>
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THE MONTHLY IN-HOUSE FINANCIAL STATEMENTS. NO ONE FROM THE FOUNDATION STAFF IS ALLOWED TO SERVE ON THE FINANCE COMMITTEE. AT LEAST ONE MEMBER OF THE FINANCE COMMITTEE IS REQUIRED TO MEET THE STANDARD OF A "FINANCIAL EXPERT" - ONE WHO HAS THE FINANCIAL EDUCATION AND EXPERIENCE NEEDED TO UNDERSTAND, ANALYZE AND REASONABLY ASSESS THE FINANCIAL STATEMENTS AS WELL AS THE COMPETENCY OF THE AUDITING FIRM. THE CHAIRMAN OF THE FINANCE COMMITTEE FOR THE YEAR ENDING 3-31-18 IS MS. JAN LEWIS, CPA.

DUTIES AND RESPONSIBILITIES OF FINANCE COMMITTEE:

- \* SELECT AN INDEPENDENT AUDITOR.
- \* REVIEW OF ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR RECOMMENDATION OF ACTION TO THE FULL BOARD.
- \* 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.
- \* REVIEW MONTHLY IN-HOUSE FINANCIAL STATEMENTS AND BUDGETS AS PREPARED BY THE FOUNDATION STAFF.
- \* MEET REGULARLY ENOUGH TO FULFILL THE REQUIREMENTS STATED ABOVE.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION FOR MISSISSIPPI** Employer identification number **64-0845750**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CFGJ PROPERTIES, LLC - 81-1000769 119 S. PRESIDENT STREET, 1ST FLOOR JACKSON, MS 39201	TIMBER TRACT INVESTMENT	MISSISSIPPI	13,720.	2,233,422.	COMMUNITY FOUNDATION FOR MISSISSIPPI
CFGJ PROPERTIES II, LLC - 81-4619149 119 S. PRESIDENT STREET, 1ST FLOOR JACKSON, MS 39201	RESIDENTIAL RENTAL PROPERTY	MISSISSIPPI	0.	0.	COMMUNITY FOUNDATION FOR MISSISSIPPI

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2017

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				







**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning APR 1, 2017, and ending MAR 31, 2018

**2017**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION FOR MISSISSIPPI</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>119 S. PRESIDENT STREET, 1ST FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>JACKSON, MS 39201</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>64-0845750</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>812930</b>
--	---------------------	--	---

<b>C</b> Book value of all assets at end of year <b>55,999,429.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

**H** Describe the organization's primary unrelated business activity. ▶ **PARKING BENEFITS FOR EMPLOYEES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JACKIE P. BAILEY, COO** Telephone number ▶ **601-974-6044**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <u>946.</u>			
<b>b</b> Less returns and allowances <u>                    </u> <b>c</b> Balance ▶	<b>1c</b> <u>946.</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b> <u>946.</u>		
<b>4a</b> Capital gain net income (attach Schedule D) .....	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) .....	<b>5</b>		
<b>6</b> Rent income (Schedule C) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) .....	<b>10</b>		
<b>11</b> Advertising income (Schedule J) .....	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> <u>946.</u>		<u>946.</u>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) .....	<b>14</b>	
<b>15</b> Salaries and wages .....	<b>15</b>	
<b>16</b> Repairs and maintenance .....	<b>16</b>	
<b>17</b> Bad debts .....	<b>17</b>	
<b>18</b> Interest (attach schedule) .....	<b>18</b>	
<b>19</b> Taxes and licenses .....	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) .....	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) .....	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return .....	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion .....	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans .....	<b>24</b>	
<b>25</b> Employee benefit programs .....	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) .....	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) .....	<b>27</b>	
<b>28</b> Other deductions (attach schedule) .....	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28 .....	<b>29</b>	<u>0.</u>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	<b>30</b>	<u>946.</u>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) .....	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 .....	<b>32</b>	<u>946.</u>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) .....	<b>33</b>	<u>1,000.</u>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 .....	<b>34</b>	<u>0.</u>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b>	Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>	
<b>37 Proxy tax.</b> See instructions		<b>37</b>	
<b>38 Alternative minimum tax</b>		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b>	Other credits (see instructions)	<b>41b</b>	
<b>c</b>	General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b>	Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b>	Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b>	2017 estimated tax payments	<b>45b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>45c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>45e</b>	
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b>	Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b>	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
			X
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer	Date	<b>PRESIDENT AND CEO</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMIE T. WHITTINGTON, CPA</b>	Preparer's signature <b>AMIE T. WHITTINGTON, CPA</b>	Date <b>01/28/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01082167</b>
	Firm's name <b>HORNE LLP</b>			Firm's EIN <b>20-1941244</b>	
	Firm's address <b>1020 HIGHLAND COLONY PKWY., STE. 400 RIDGELAND, MS 39157</b>			Phone no. <b>601-326-1000</b>	

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>COMMUNITY FOUNDATION FOR MISSISSIPPI</b>	Employer identification number (EIN) or  <b>64-0845750</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>119 S. PRESIDENT STREET, 1ST FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSON, MS 39201</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

**JACKIE P. BAILEY, COO**

• The books are in the care of ▶ **119 S. PRESIDENT STREET, 1ST FLOOR - JACKSON, MS 39201**  
Telephone No. ▶ **601-974-6044** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, 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, 2017**, and ending **MAR 31, 2018**.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION FOR MISSISSIPPI</b>	Employer identification number (EIN) or <b>64-0845750</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>119 S. PRESIDENT STREET, 1ST FLOOR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>JACKSON, MS 39201</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
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• The books are in the care of ▶ **119 S. PRESIDENT STREET, 1ST FLOOR - 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
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<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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