

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input 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	C Name of organization COMMUNITY FOUNDATION FOR MISSISSIPPI Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 119 S. PRESIDENT STREET, 1ST FLOOR City or town, state or province, country, and ZIP or foreign postal code JACKSON, MS 39201	D Employer identification number 64-0845750 E Telephone number 601-974-6044
I 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		G Gross receipts \$ 29,927,682.
J Website: WWW.FORMISSISSIPPI.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1994 M State of legal domicile: MS

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PRIMARY PURPOSE IS TO SERVE THE MISSISSIPPI AREA AS A COMMUNITY FOUNDATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6	Total number of volunteers (estimate if necessary)	6	38
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,472,918.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,436,080.	2,055,136.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,334.	417,444.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,302,332.	12,986,215.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,470,981.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	520,039.	719,186.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	70,331.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,418,575.	6,035,953.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,409,595.	12,388,679.
	19	Revenue less expenses. Subtract line 18 from line 12	1,892,737.	597,536.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 83,674,378.	End of Year 79,928,621.
	21	Total liabilities (Part X, line 26)	12,551,394.	12,375,771.
	22	Net assets or fund balances. Subtract line 21 from line 20	71,122,984.	67,552,850.

Part II Signature Block

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

Sign Here	Signature of officer JANE C. ALEXANDER, PRESIDENT AND CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AMIE WHITTINGTON DEAN, CP	Preparer's signature AMIE WHITTINGTON DEA	Date 10/26/23	Check if self-employed <input type="checkbox"/>	PTIN P01082167
	Firm's name HORNE LLP	Firm's EIN 20-1941244	Firm's address 661 SUNNYBROOK ROAD, STE. 100 RIDGELAND, MS 39157	Phone no. 601-326-1000	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE CONNECT DONORS, COMMUNITIES, AND NON-PROFIT ORGANIZATIONS TO MAKE MEANINGFUL AND LASTING CHANGE FOR MISSISSIPPI, FOR GOOD, FOREVER.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,125,529. including grants of \$ 5,633,540.) (Revenue \$ -208,543.) 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,125,529.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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
15 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
16 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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 92	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, 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 on 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
1a	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 on Schedule O.		
	1a		19
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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
JANE C. ALEXANDER, PRESIDENT AND CEO - 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JANE C. ALEXANDER PRESIDENT AND CEO	40.00			X			115,103.	0.	31,248.	
(2) COOPER MORRISON BOARD MEMBER	1.00	X					0.	0.	0.	
(3) DAVID PHARR BOARD MEMBER	1.00	X					0.	0.	0.	
(4) DEBRA MCGEE BOARD MEMBER	1.00	X					0.	0.	0.	
(5) DEIDRA S. BELL BOARD MEMBER	1.00	X					0.	0.	0.	
(6) JOSEPH E. VARNER III BOARD MEMBER	1.00	X					0.	0.	0.	
(7) JOSEPH MOSS BOARD MEMBER	1.00	X					0.	0.	0.	
(8) LURLENE IRVIN BOARD MEMBER	1.00	X					0.	0.	0.	
(9) MACY HART BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MARCUS WARD BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MARK FIELDS TREASURER	1.00	X					0.	0.	0.	
(12) MARK HOSEMANN VICE CHAIRMAN	1.00	X					0.	0.	0.	
(13) PAULA HOOD BOARD MEMBER	1.00	X					0.	0.	0.	
(14) RAVI RAJU BOARD MEMBER	1.00	X					0.	0.	0.	
(15) ROBBIE KEMP BOARD MEMBER	1.00	X					0.	0.	0.	
(16) SEETHA SRINIVASAN SECRETARY	1.00	X					0.	0.	0.	
(17) SHANELL H. WATSON 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) STEVE ORLANSKY BOARD MEMBER	1.00	X						0.	0.	0.
(19) WARWICK ALLEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) WILL CROSSLEY CHAIRMAN	2.00	X						0.	0.	0.
1b Subtotal								115,103.	0.	31,248.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								115,103.	0.	31,248.

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 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
HARWOOD INSTITUTE FOR PUBLIC INNOVATION, 4915 ST. ELMO AVE, STE 402, BETHESDA, MD	CONSULTING SERVICES	345,672.
FAHRENHEIT CREATIVE GROUP, LLC, 620 N. STATE STREET STE 304, JACKSON, MS 39202	MARKETING	286,674.
READSTERS, LLC, 801 N. PITT ST. STE 105, ALEXANDRIA, VA 22314	EDUCATIONAL	286,329.
DUVALL DECKER ARCHITECTS, P.A. 2915 N. STATE STREET, JACKSON, MS 39216	ARCHITECTUAL	282,284.
INSIGHT EDUCATION GROUP, INC. P.O. BOX 18217, PALATINE, IL 60055	EDUCATIONAL	275,182.

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 10

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,513,635.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 845,850.			
	h	Total. Add lines 1a-1f		10,513,635.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,331,165.		2331165.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	16,941,467.			
	c	Gain or (loss)	7c	-276,029.			
	d	Net gain or (loss)		-276,029.	-276,029.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	349,958.		349,958.	
	b	ADMIN FEE FOR AGENCY	900099	67,486.	67,486.		
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		417,444.			
12	Total revenue. See instructions		12,986,215.	-208,543.	0.	2681123.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,606,040.	5,606,040.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,500.	27,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,102.	92,082.	5,755.	17,265.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	467,373.	379,723.	58,317.	29,333.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	92,238.	74,713.	10,146.	7,379.
10 Payroll taxes	44,473.	36,023.	4,892.	3,558.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	83,893.	4,194.	79,699.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	175,009.	175,009.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,000.	1,000.		
12 Advertising and promotion	20,026.	16,822.	1,802.	1,402.
13 Office expenses	11,299.	9,096.	1,243.	960.
14 Information technology				
15 Royalties				
16 Occupancy	35,098.	17,549.	17,549.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	18,938.	18,938.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,263.	23,741.	2,544.	1,978.
23 Insurance	19,969.	16,774.	1,797.	1,398.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	5,531,014.	5,531,014.		
b SOFTWARE HOSTING	46,179.	38,790.	4,156.	3,233.
c DUES & SUBSCRIPTIONS	16,850.	14,154.	1,516.	1,180.
d TELEPHONE	12,507.	10,506.	1,126.	875.
e All other expenses	35,908.	31,861.	2,277.	1,770.
25 Total functional expenses. Add lines 1 through 24e	12,388,679.	12,125,529.	192,819.	70,331.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	5,172,232.	1	2,897,569.
	2 Savings and temporary cash investments	6,153,921.	2	12,011,812.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,388,007.	4	3,916,876.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 151,349.		
	b Less: accumulated depreciation	10b 121,175.	46,790.	10c 30,174.
	11 Investments - publicly traded securities	65,677,867.	11	58,676,393.
	12 Investments - other securities. See Part IV, line 11	2,090,965.	12	2,063,814.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	144,596.	15	331,983.
16 Total assets. Add lines 1 through 15 (must equal line 33)	83,674,378.	16	79,928,621.	
Liabilities	17 Accounts payable and accrued expenses	8,930.	17	83,341.
	18 Grants payable		18	
	19 Deferred revenue		19	25,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,542,464.	25	12,267,430.
	26 Total liabilities. Add lines 17 through 25	12,551,394.	26	12,375,771.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	33,814,430.	27	32,635,480.
	28 Net assets with donor restrictions	37,308,554.	28	34,917,370.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	71,122,984.	32	67,552,850.
	33 Total liabilities and net assets/fund balances	83,674,378.	33	79,928,621.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,986,215.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,388,679.
3	Revenue less expenses. Subtract line 2 from line 1	3	597,536.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,122,984.
5	Net unrealized gains (losses) on investments	5	-4,167,676.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,552,850.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	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	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	
c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5468439.	7080324.	19466022.	9472918.	10313635.	51801338.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5468439.	7080324.	19466022.	9472918.	10313635.	51801338.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19044527.
6 Public support. Subtract line 5 from line 4.						32756811.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5468439.	7080324.	19466022.	9472918.	10313635.	51801338.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2009225.	2025151.	2018305.	2421927.	2331165.	10805773.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						62607111.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	52.32	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	50.14	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a 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 Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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 Did the activities described on line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

COMMUNITY FOUNDATION FOR MISSISSIPPI

Employer identification number

64-0845750

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b) regarding art and historical treasures, including instructions for reporting revenue and assets.

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 make 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 program
 - 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	38,881,144.	39,378,401.	25,468,266.	26,290,124.	26,458,801.
b Contributions	1,412,066.	886,284.	4,182,190.	5,103,799.	341,779.
c Net investment earnings, gains, and losses	-1,112,267.	1,407,143.	12,284,476.	-3,401,856.	445,401.
d Grants or scholarships	1,942,298.	2,296,160.	1,786,338.	2,039,637.	970,708.
e Other expenditures for facilities and programs	107,264.	76,197.	90,500.	73,832.	4,626.
f Administrative expenses	390,320.	418,327.	679,693.	410,332.	351,974.
g End of year balance	36,741,061.	38,881,144.	39,378,401.	25,468,266.	25,918,673.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 27.0869 %
 - c Term endowment 72.9131 %
- 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:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 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		36,962.	29,591.	7,371.
d Equipment		114,387.	91,584.	22,803.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				30,174.

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)		
Total. (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)		
Total. (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)	
Total. (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	12,135,742.
(3) OPERATING LEASE LIABILITIES	131,688.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB 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.

1	Total revenue, gains, and other support per audited financial statements		1	8,643,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-4,167,676.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	2.	
	e Add lines 2a through 2d	2e	-4,167,674.	
3	Subtract line 2e from line 1		3	12,811,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,009.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	175,009.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,986,215.

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.

1	Total expenses and losses per audited financial statements		1	12,213,666.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	12,213,666.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,009.	
	b Other (Describe in Part XIII.)	4b	4.	
	c Add lines 4a and 4b	4c	175,013.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,388,679.

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 6 & 7 OF OUR FINANCIALS AS WELL AS FOR THE FOLLOWING PURPOSES AS STATED IN FOOTNOTE 8 OF OUR FINANCIALS: ARTS AND CULTURE, AVIATION EDUCATION, COMMUNITY DEVELOPMENT, DISASTER RELIEF, DISEASE AND DISORDER, EDUCATIONAL PURPOSES, FOOD AND NUTRITION, GENERAL HEALTH, HISTORIC PRESERVATION, HUMAN SERVICES, JOURNALISM, PHILANTHROPY, RELIGION, SPORTS AND LEISURE, RELIGION, AND YOUTH DEVELOPMENT.

PART X, LINE 2:

THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED MARCH 31, 2023 AND 2022. TAX PERIODS FOR ALL FISCAL YEARS AFTER 2019 REMAIN OPEN

Part XIII Supplemental Information *(continued)*

TO EXAMINATION BY THE FEDERAL AND STATE TAXING JURISDICTIONS TO WHICH THE FOUNDATION IS SUBJECT TO.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 2.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 4.

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 220 EAST 42ND STREET - NEW YORK, NY 10017	13-1656634	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
ARISE AND SHINE, INC. PO BOX 251 TERRY, MS 39170	83-3612918	501(C)(3)	40,380.	0.			GENERAL OPER SUPPORT
ARKANSAS MUSEUM OF FINE ARTS FOUNDATION - P.O. BOX 2137 - LITTLE ROCK, AR 72203	23-7337495	501(C)(3)	20,000.	0.			GENERAL OPER SUPPORT
BALLET MISSISSIPPI 201 EAST PASCAGOULA STREET SUITE 10 JACKSON, MS 39201	64-0674807	501(C)(3)	14,781.	0.			GENERAL OPER SUPPORT
BAPTIST HEALTH FOUNDATION 1225 NORTH STATE STREET JACKSON, MS 39202-1789	47-3403762	501(C)(3)	16,000.	0.			GENERAL OPER SUPPORT
BELHAVEN UNIVERSITY 1500 PEACHTREE STREET JACKSON, MS 39202-1789	64-0303069	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **120.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 13249 JACKSON, MS 39236	64-6013141	501(C)(3)	31,000.	0.			GENERAL OPER SUPPORT
CAMPAIGN FOR SOUTHERN EQUALITY P.O. BOX 364 ASHEVILLE, NC 28802	27-4064401	501(C)(3)	20,000.	0.			GENERAL OPER SUPPORT
CANDID CONSULTING CORPORATION P.O. BOX 522 TERRY, MS 39170	83-2966664	501(C)(3)	9,661.	0.			GENERAL OPER SUPPORT
CAPITAL CITY PRIDE BOX 13384 JACKSON, MS 39236	85-3357108	501(C)(3)	17,000.	0.			GENERAL OPER SUPPORT
CHILD'S PLAY DAYCARE, LLC 172 K STREET CROSBY, MS 39633	86-2343975	501(C)(3)	9,917.	0.			GENERAL OPER SUPPORT
CHRIST UNITED METHODIST CHURCH OF JACKSON - 6000 OLD CANTON ROAD - JACKSON, MS 39211	64-0824240	501(C)(3)	7,500.	0.			GENERAL OPER SUPPORT
CORPORATION FOR GLOBAL COMMUNITY DEVELOPMENT - 4655 TERRY ROAD - JACKSON, MS 39212	41-2253250	501(C)(3)	60,000.	0.			GENERAL OPER SUPPORT
CRUDUP-WARD ACTIVITY CENTER PO BOX 1113 FOREST, MS 39074	72-1357124	501(C)(3)	6,406.	0.			GENERAL OPER SUPPORT
DELTA WATERFOWL FOUNDATION 1412 BASIN AVE. BISMARCK, ND 58504	53-0259796	501(C)(3)	5,615.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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)	9,430.	0.			GENERAL OPER SUPPORT
EAST END METHODIST CHURCH 1212 HOLLY ST. NASHVILLE, TN 37206	62-0502848	501(C)(3)	25,000.	0.			GENERAL OPER SUPPORT
EMPOWER MISSISSIPPI FOUNDATION P. O. BOX 4028 MADISON, MS 39130	46-4565274	501(C)(3)	17,500.	0.			GENERAL OPER SUPPORT
EPISCOPAL CHURCH BUILDING FUND P.O. BOX 31039 CHICAGO, IL 60631-3103	11-1630742	501(C)(3)	5,407.	0.			GENERAL OPER SUPPORT
EPISCOPAL DIOCESE OF MISSISSIPPI P.O. BOX 23107 JACKSON, MS 39225-3107	64-0303076	501(C)(3)	31,000.	0.			GENERAL OPER SUPPORT
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	73-1635264	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
FAMILIES UNITED TRAINING CENTER P.O. BOX 4302 BROOKHAVEN, MS 39603	84-4944041	501(C)(3)	11,168.	0.			GENERAL OPER SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES P. O. BOX 449 RIDGELAND, MS 39158	44-0610626	501(C)(3)	6,000.	0.			GENERAL OPER SUPPORT
FIRST BAPTIST CHURCH OF PASADENA 7500 FAIRMONT PARKWAY PASADENA, TX 77505	74-1246256	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF JACKSON - 1390 NORTH STATE STREET - JACKSON, MS 39202	64-0334266	501(C)(3)	66,500.	0.			GENERAL OPER SUPPORT
FIRST PRESBYTERIAN DAY SCHOOL 1390 N STATE ST JACKSON, MS 39202		501(C)(3)	15,000.	0.			GENERAL OPER SUPPORT
FOUNDATION FOR MISSISSIPPI HISTORY P. O. BOX 571 JACKSON, MS 39205-0571	20-2649529	501(C)(3)	57,000.	0.			GENERAL OPER SUPPORT
FOUNDATION FOR PUBLIC BROADCASTING IN GEORGIA, INC. - 260 14TH STREET NW - ATLANTA, GA 30318	58-1510475	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
FRIENDS OF CHILDREN'S HOSPITAL 3900 LAKELAND DRIVE, SUITE 205 FLOWOOD, MS 39232	58-1921769	501(C)(3)	11,000.	0.			GENERAL OPER SUPPORT
FULL COUNT BASEBALL MINISTRY INC 781 WOODBURY RD JACKSON, MS 39206	84-1479580	501(C)(3)	5,500.	0.			GENERAL OPER SUPPORT
GALLOWAY MEMORIAL UNITED METHODIST CHURCH - 305 N CONGRESS ST - JACKSON, MS 39201	64-0325159	501(C)(3)	8,000.	0.			GENERAL OPER SUPPORT
GATEWAY RESCUE MISSION P.O. BOX 3763 JACKSON, MS 39207	64-0369382	501(C)(3)	9,900.	0.			GENERAL OPER SUPPORT
GEORGIA TECH FOUNDATION 760 SPRING STREET, NW SUITE 400 ATLANTA, GA 30308	58-6043294	501(C)(3)	26,644.	0.			GENERAL OPER SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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 39236-0528	64-0762027	501(C)(3)	17,500.	0.			GENERAL OPER SUPPORT
GREATER EASTOVER NEIGHBORHOOD FOUNDATION, INC. - P. O. BOX 12255 - JACKSON, MS 39236	27-0971037	501(C)(3)	21,000.	0.			GENERAL OPER SUPPORT
GREEN AND HEALTHY HOMES INITIATIVE JACKSON - 510 GEORGE STREET, SUITE 304 - JACKSON, MS 39202	52-1786577	501(C)(3)	18,300.	0.			GENERAL OPER SUPPORT
GUIDE DOGS FOR THE BLIND, INC. P.O. BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	18,859.	0.			GENERAL OPER SUPPORT
HABITAT FOR HUMANITY MISSISSIPPI CAPITAL AREA - P.O. BOX 55634 - JACKSON, MS 39296	64-0750633	501(C)(3)	39,000.	0.			GENERAL OPER SUPPORT
HARBOR HOUSE OF JACKSON INC 5354 I 55 S FRONTAGE RD EAST JACKSON, MS 39272-0000	64-0534899	501(C)(3)	7,500.	0.			GENERAL OPER SUPPORT
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET, SUITE 430N CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	13,751.	0.			GENERAL OPER SUPPORT
HOLY FAMILY CATHOLIC CHURCH 820 FOREST AVENUE JACKSON, MS 39206	64-0410609	501(C)(3)	9,097.	0.			GENERAL OPER SUPPORT
HOPE ENTERPRISE CORPORATION 4 OLD RIVER PLACE, SUITE A JACKSON, MS 39202	64-0851798	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMIGRANT ALLIANCE FOR JUSTICE AND EQUITY - 406 W. FORTIFICATION STREET - JACKSON, MS 39203	84-4925897	501(C)(3)	16,530.	0.			GENERAL OPER SUPPORT
INTERFAITH COMPASSION MINISTRY 1918 UNIVERSITY AVENUE OXFORD, MS 38655	64-0910696	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
ISLE OF OUTREACH FOR NEIGHBORHOOD ASSISTANCE - 550 SUNNYBROOK RD - RIDGELAND, MS 39157	64-0747951	501(C)(3)	6,600.	0.			GENERAL OPER SUPPORT
JACKSON FREE CLINIC P.O. BOX 4892 JACKSON, MS 39296-4892	64-0945749	501(C)(3)	7,244.	0.			GENERAL OPER SUPPORT
JACKSON PUBLIC SCHOOLS P.O. BOX 2338 JACKSON, MS 39225-2338	64-6000505	GOVT	110,814.	0.			GENERAL OPER SUPPORT
JAGUAR CHOIR BOOSTER CLUB P.O. BOX 92 LEXINGTON, MS 39095	83-3594076	501(C)(3)	31,000.	0.			GENERAL OPER SUPPORT
JUNIUS WARD JOHNSON MEMORIAL YMCA 267 YMCA PLACE VICKSBURG, MS 39183	64-0303115	501(C)(3)	8,000.	0.			GENERAL OPER SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - P.O. BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	15,000.	0.			GENERAL OPER SUPPORT
LEGACY EDUCATION AND COMMUNITY EMPOWERMENT FOUNDATION, INC. - P.O. BOX 88 - FOREST, MS 39074	45-3684196	501(C)(3)	60,000.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGNOLIA SPEECH SCHOOL 414 BOZEMAN ROAD MADISON, MS 39110	64-0435317	501(C)(3)	14,000.	0.			GENERAL OPER SUPPORT
MAGNOLIA TRIBUNE INSTITUTE 137 HARTFIELD DRIVE MADISON, MS 39110	92-0605404	501(C)(3)	190,000.	130,000.	APPRAISAL/FMV \$130,000 AND THEN CASH OF \$190,000	INTANGIBLE ASSETS	CASH GRANT FOR GENERAL OPERATING SUPPORT AND TRANSFER OF INTANGIBLE ASSETS TO HELP ESTABLISH
MAKE-A-WISH FOUNDATION OF MISSISSIPPI - 607 HIGHLAND COLONY PARKWAY, SUITE 100 - RIDGELAND, MS 39157	64-0730362	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
MERCY FLIGHT SOUTHEAST, INC. 8864 AIRPORT BOULEVARD LEESBURG, FL 34788	59-2697223	501(C)(3)	37,719.	0.			GENERAL OPER SUPPORT
MIDTOWN PARTNERS, INC. 215 MCTYERE AVE JACKSON, MS 39202	64-0862113	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
MILLSAPS COLLEGE P. O. BOX 151191 JACKSON, MS 39210	64-0303084	501(C)(3)	50,500.	0.			GENERAL OPER SUPPORT
MISSION FIRST P.O. BOX 250 JACKSON, MS 39205	64-0797107	501(C)(3)	8,700.	0.			GENERAL OPER SUPPORT
MISSISSIPPI CENTER FOR INVESTIGATIVE REPORTING, INC. - 118 TWIN OAKS DRIVE - BRANDON, MS 39047	83-3619348	501(C)(3)	250,000.	0.			GENERAL OPER SUPPORT
MISSISSIPPI CENTER FOR POLICE & SHERIFFS - 4057 SIWELL ROAD - JACKSON, MS 39212	71-1004096	501(C)(3)	15,253.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI COLLEGE P.O. BOX 4005 CLINTON, MS 39058	64-0303086	501(C)(3)	21,528.	0.			GENERAL OPER SUPPORT
MISSISSIPPI EARLY LEARNING ALLIANCE - P.O. BOX 16174 - JACKSON, MS 39236	83-2740260	501(C)(3)	125,000.	0.			GENERAL OPER SUPPORT
MISSISSIPPI FOLK ART FOUNDATION 103 RIVERBEND DRIVE BRANDON, MS 39047	46-3641415	501(C)(3)	6,500.	0.			GENERAL OPER SUPPORT
MISSISSIPPI FOOD NETWORK P.O. BOX 411 JACKSON, MS 39205	64-0676325	501(C)(3)	27,679.	0.			GENERAL OPER SUPPORT
MISSISSIPPI INSTITUTE OF ARTS AND LETTERS - P.O. BOX 2346 - JACKSON, MS 39225-2346	64-0629704	501(C)(3)	5,028.	0.			GENERAL OPER SUPPORT
MISSISSIPPI JOURNALISM AND EDUCATION GROUP - 125 S. CONGRESS STREET #1324 - JACKSON, MS 39201	85-1403937	501(C)(3)	191,000.	0.			GENERAL OPER SUPPORT
MISSISSIPPI KIDNEY FOUNDATION, INC. - P.O. BOX 55802 - JACKSON, MS 39296	64-6028334	501(C)(3)	5,760.	0.			GENERAL OPER SUPPORT
MISSISSIPPI MUSEUM OF ART 380 SOUTH LAMAR STREET JACKSON, MS 39201	64-6025771	501(C)(3)	87,000.	0.			GENERAL OPER SUPPORT
MISSISSIPPI OPERA ASSOCIATION PO BOX 1551 JACKSON, MS 39215	23-7113188	501(C)(3)	20,550.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI RISING COALITION BOX 1077 OCEAN SPRINGS, MS 39566	81-2382364	501(C)(3)	15,000.	0.			GENERAL OPER SUPPORT
MISSISSIPPI SPORTS MEDICINE FOUNDATION - P. O. BOX 16870 - JACKSON, MS 39236-6870	64-0869099	501(C)(3)	99,250.	0.			GENERAL OPER SUPPORT
MISSISSIPPI STATE UNIVERSITY P. O. BOX 5227 MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	9,225.	0.			GENERAL OPER SUPPORT
MISSISSIPPI SYMPHONY ORCHESTRA P.O. BOX 2052 JACKSON, MS 39225-2052	64-0273405	501(C)(3)	73,757.	0.			GENERAL OPER SUPPORT
MISSISSIPPI TODAY 750 WOODLANDS PARKWAY, SUITE 100 RIDGELAND, MS 39157	47-2158741	501(C)(3)	203,500.	0.			GENERAL OPER SUPPORT
MISSISSIPPI UNIVERSITY FOR WOMEN FOUNDATION - P.O. BOX W-1618 - COLUMBUS, MS 39701	23-7050717	501(C)(3)	7,300.	0.			GENERAL OPER SUPPORT
MPB FOUNDATION 3825 RIDGEWOOD ROAD JACKSON, MS 39211	81-3063377	501(C)(3)	41,219.	0.			GENERAL OPER SUPPORT
MT. NEBO MISSIONARY BAPTIST CHURCH 1245 TUNICA ST JACKSON, MS 39209	72-1366850	501(C)(3)	12,000.	0.			GENERAL OPER SUPPORT
MUSEUM OF THE SOUTHERN JEWISH EXPERIENCE - PO BOX 1507 - NEW ORLEANS, LA 70175	82-3442378	501(C)(3)	6,100.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY BROTHER'S KEEPER 407 ORCHARD PARK RIDGELAND, MS 39157	64-0937314	501(C)(3)	15,000.	0.			GENERAL OPER SUPPORT
NEW STAGE THEATRE 1100 CARLISLE STREET JACKSON, MS 39202	64-0435088	501(C)(3)	19,281.	0.			GENERAL OPER SUPPORT
NEWMAN SERVICE FOUNDATION INCORPORATED - P O BOX 962 - TERRY, MS 39170	27-2390800	501(C)(3)	12,508.	0.			GENERAL OPER SUPPORT
NORTHMINSTER BAPTIST CHURCH 3955 RIDGEWOOD RD JACKSON, MS 39211		501(C)(3)	477,720.	0.			GENERAL OPER SUPPORT
OPERATION SHOESTRING, INC. P. O. BOX 11223 JACKSON, MS 39283-1223	64-0471554	501(C)(3)	21,730.	0.			GENERAL OPER SUPPORT
PALMER HOME FOR CHILDREN FUND P.O. BOX 746 COLUMBUS, MS 39703	64-0334999	501(C)(3)	27,500.	0.			GENERAL OPER SUPPORT
PARENTS FOR PUBLIC SCHOOLS NATIONAL - 125 SOUTH CONGRESS ST., SUITE 1218 - JACKSON, MS 39201	64-0806908	501(C)(3)	25,900.	0.			GENERAL OPER SUPPORT
PRIDE RESOURCE CENTER OF NORTH MISSISSIPPI - 1800 W. MAIN ST. - TUPELO, MS 38801	84-2370270	501(C)(3)	15,000.	0.			GENERAL OPER SUPPORT
PROGRAM BELIEVE P.O. BOX 644 BILOXI, MS 39533	87-1134200	501(C)(3)	225,000.	0.			GENERAL OPER SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDEEMER CHURCH, PCA 640 EAST NORTHSIDE DRIVE JACKSON, MS 39206		501(C)(3)	20,000.	0.			GENERAL OPER SUPPORT
REFILL CAFE LLC D/B/A REFILL JACKSON INITIATIVE - 136 S. ADAMS ST - JACKSON, MS 39203	83-2814994	501(C)(3)	20,934.	0.			GENERAL OPER SUPPORT
REFORMED THEOLOGICAL SEMINARY 4268 I-55 NORTH JACKSON, MS 39211	64-0428676	501(C)(3)	50,000.	0.			GENERAL OPER SUPPORT
REVITALIZE MISSISSIPPI, INC. 210 EAST CAPITOL STREET, SUITE 1215 JACKSON, MS 39201	47-4276419	501(C)(3)	201,000.	0.			GENERAL OPER SUPPORT
ROTARY DISTRICT 6820 FOUNDATION 131 FOX RUN ROAD CANTON, MS 39046-9633	43-1971329	501(C)(3)	8,000.	0.			GENERAL OPER SUPPORT
SOARING SOCIETY OF AMERICA, INC P.O. BOX 2100 HOBBS, NM 88241	95-1932120	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
ST. ANDREW'S EPISCOPAL SCHOOL 370 OLD AGENCY ROAD RIDGELAND, MS 39157	64-0324405	501(C)(3)	44,500.	0.			GENERAL OPER SUPPORT
ST. COLUMB'S EPISCOPAL CHURCH 550 SUNNYBROOK ROAD RIDGELAND, MS 39157		501(C)(3)	10,306.	0.			GENERAL OPER SUPPORT
ST. DOMINIC HEALTH SERVICES FOUNDATION - 969 LAKELAND DRIVE - JACKSON, MS 39216	43-1992975	501(C)(3)	28,000.	0.			GENERAL OPER SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JAMES EPISCOPAL CHURCH 3921 OAKRIDGE DRIVE JACKSON, MS 39216		501(C)(3)	32,076.	0.			GENERAL OPER SUPPORT
ST. PATRICK CATHOLIC CHURCH P.O. BOX 529 MERIDIAN, MS 39302		501(C)(3)	11,617.	0.			GENERAL OPER SUPPORT
ST. PAUL MISSIONARY BAPTIST CHURCH P.O. BOX 232 SILVER CREEK, MS 39663-0232	64-0838583	501(C)(3)	12,000.	0.			GENERAL OPER SUPPORT
ST. RICHARD CATHOLIC CHURCH P.O. BOX 16547 JACKSON, MS 39236		501(C)(3)	6,100.	0.			GENERAL OPER SUPPORT
STEWOPOT COMMUNITY SERVICES P. O. BOX 3610 JACKSON, MS 39207	64-0655566	501(C)(3)	319,911.	0.			GENERAL OPER SUPPORT
SUNNYBROOK CHILDRENS HOME INC 222 SUNNYBROOK ROAD RIDGELAND, MS 39157	64-0427465	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
THE HIGHLAND PROJECT 71 W 85TH ST. UNIT 1A NEW YORK, NY 10024	85-4241927	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
THE REDEEMER'S SCHOOL 640 EAST NORTHSIDE DRIVE JACKSON, MS 39206	46-5743940	501(C)(3)	116,750.	0.			GENERAL OPER SUPPORT
THE SALVATION ARMY 1450 RIVERSIDE DRIVE JACKSON, MS 39202	63-0288866	501(C)(3)	5,400.	0.			GENERAL OPER SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF SILVER CITY TORNADO RELIEF FUND - P.O. BOX 117 - SILVER CITY, MS 39166		501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
UMMC CHILDREN'S CAMPAIGN(DEVELOPMENT ACCOUNTING) - 406 UNIVERSITY AVE - OXFORD, MS 38655	23-7310293	501(C)(3)	20,000.	0.			GENERAL OPER SUPPORT
UNITED WAY OF WEST CENTRAL MISSISSIPPI - 920 SOUTH STREET - VICKSBURG, MS 39180	64-0330259	501(C)(3)	10,000.	0.			GENERAL OPER SUPPORT
UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVENUE - OXFORD, MS 38655	23-7310293	501(C)(3)	158,500.	0.			GENERAL OPER SUPPORT
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER - 2500 NORTH STATE STREET - JACKSON, MS 39216	64-6008520	GOVT	71,500.	0.			GENERAL OPER SUPPORT
UNIVERSITY PRESS OF MISSISSIPPI 3825 RIDGEWOOD ROAD JACKSON, MS 39211	64-0501030	501(C)(3)	566,079.	0.			GENERAL OPER SUPPORT
URJ HENRY S JACOBS CAMP 3863 OLD MORRISON ROAD UTICA, MS 39175	13-1663143	501(C)(3)	19,000.	0.			GENERAL OPER SUPPORT
USA INTERNATIONAL BALLET COMPETITION - P.O. BOX 3696 - JACKSON, MS 39207-3696	64-0620289	501(C)(3)	25,369.	0.			GENERAL OPER SUPPORT
UTICA CHRISTIAN CHURCH 316 EAST MAIN STREET UTICA, MS 39175		501(C)(3)	15,563.	0.			GENERAL OPER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE PMB 407727 NASHVILLE, TN 37240	62-0476822	501(C)(3)	20,000.	0.			GENERAL OPER SUPPORT
WE CARE MISSION C/O JAMES THOMAS FARRIS, P. O. BOX MORTON, MS 39117	64-0876007	501(C)(3)	47,296.	0.			GENERAL OPER SUPPORT
WE WILL GO 806 N. FARISH STREET JACKSON, MS 39202	33-1069413	501(C)(3)	39,013.	0.			GENERAL OPER SUPPORT
WELLS MEMORIAL UNITED METHODIST CHURCH - 2019 BAILEY AVENUE - JACKSON, MS 39202		501(C)(3)	9,217.	0.			GENERAL OPER SUPPORT
WOMEN'S FOUNDATION OF MISSISSIPPI, INC. - 2906 NORTH STATE STREET, SUITE 302 - JACKSON, MS 39216	26-4419982	501(C)(3)	17,750.	0.			GENERAL OPER SUPPORT
YOUTH IMPROVEMENT SERVICES 460 BRIARWOOD DRIVE, SUITE 400, #40 JACKSON, MS 39206	83-2799349	501(C)(3)	25,000.	0.			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	9	27,500.	0.	CASH VALUE OF SCHOLARSHIP PAYMENTS	SCHOLARSHIPS FOR STUDENTS' COLLEGE TUITION

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, THE FOUNDATION STAFF PERFORMS DUE DILIGENCE TO CONFIRM TAX-EXEMPT STATUS FOR EACH GRANTEE. EACH GRANTEE RECEIVES A GRANT AWARD LETTER STATING THE SPECIFIC DESIGNATED USE OF THE GRANT. FOR COMPETITIVE GRANTS, GRANTEES ARE REQUIRED TO COMPLETE AN ANNUAL FINAL REPORT THAT INCLUDES, FINDINGS AND OUTCOMES BY THE END OF CFM'S FISCAL YEAR OF THE YEAR THEY WERE AWARDED. GRANTEES UNDERSTAND THAT THEY MAY ALSO BE ASKED TO PROVIDE ADDITIONAL REPORTS, PHOTOS, IMPACT STATEMENTS AND AGREE TO BE OPEN TO REQUESTS FOR INTERVIEWS AND SITE VISITS FROM CFM

Part IV Supplemental Information

REPRESENTATIVES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MAGNOLIA TRIBUNE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CASH GRANT FOR GENERAL OPERATING
SUPPORT AND TRANSFER OF INTANGIBLE ASSETS TO HELP ESTABLISH NEW NON
PROFIT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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	10	715,850.	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 (<u>INTANGIBLE ASSE</u>)	X	1	130,000.	APPRAISAL/FMV
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 V, 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 3 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.		

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 SOUNDPATH 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)**

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR MISSISSIPPI

Employer identification number

64-0845750

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 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:

THE INDEPENDENT ACCOUNTING FIRM CONTRACTED BY THE FOUNDATION PREPARES THE FORM 990 ONCE THE ANNUAL FINANCIAL STATEMENT AUDIT IS NEARING COMPLETION. THE FIRM PROVIDES A COMPLETED DRAFT OF THE RETURN TO THE FOUNDATION STAFF. THE FOUNDATION STAFF 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, AND THEN REVIEWED BY THE PRESIDENT/CEO AND THE FINANCE COMMITTEE OF THE FOUNDATION. ONCE THE ACCOUNTING FIRM, PRESIDENT/CEO, AND THE FINANCE COMMITTEE ARE SATISFIED WITH THE RETURN, A FINAL DRAFT IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES FOR THEIR REVIEW. ONCE THIS FINAL DRAFT IS PRESENTED TO THE BOARD OF TRUSTEES, THE RETURN IS FILED WITH IRS BY THE FILING DEADLINE.

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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 PRESIDENT/CEO AND VP OF OPERATIONS 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 PRESIDENT/CEO AND/OR VP OF OPERATIONS 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.

THIS ENTIRE PROCESS IS DOCUMENTED IN THE MEETING MINUTES OF THE SEARCH

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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 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 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

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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 XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

6.

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

COMMUNITY FOUNDATION FOR MISSISSIPPI DOES HAVE A FINANCE 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 THE MONTHLY IN-HOUSE FINANCIAL STATEMENTS. NO ONE FROM THE FOUNDATION

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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 3-31-23 IS MR. MARK FIELDS, RETIRED 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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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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	7,688.	2,083,715.	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
JNM HOLDING, LLC 119 SOUTH PRESIDENT ST. 1ST FLOOR JACKSON, MS 39201	HOLDING ENTITY	MISSISSIPPI	130,000.	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) 2022

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
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

