

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY FOUNDATION OF NORTHWEST
Number and street (or P O box if mail is not delivered to street address) Room/suite
321 LOSHER STREET
City or town, state or country, and ZIP + 4
HERNANDO, MS 38632

D Employer identification number
94-3421724
E Telephone number
(662) 449-5002
F Accounting method
Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: cfnm.org

J Organization type (check only one)
501(c)(3)
4947(a)(1)
527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 5,177,315



Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule)  (cash \$ 328,452 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 328,452	328,452		
22b Other grants and allocations (attach schedule)  (cash \$ 310,392 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 310,392	310,392		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a 115,986	63,792	24,357	27,837
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26 150,129	82,571	28,448	39,110
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28 32,334	17,784	6,790	7,760
29 Payroll taxes	29 21,564	11,860	4,313	5,391
30 Professional fundraising fees	30			
31 Accounting fees	31 7,929	4,361	1,665	1,903
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35 4,796	2,638	959	1,199
36 Occupancy	36 13,924	7,658	2,785	3,481
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 11,228	6,175	2,246	2,807
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 316	174	63	79
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,211,609	1,029,390	80,986	101,233

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____




Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ▶ The Foundation's purpose is to provide a flexible, tax-deductible vehicle to meet the needs of donors and philanthropists in Northwest Mississippi and stimulate the establishment of permanently endowed funds that will serve the citizens and non-profit organizations of Northwest Mississippi both now and in the future</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>1,029,390</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	391	45	25
	46 Savings and temporary cash investments	101,874	46	16,386
	47a Accounts receivable			
	b Less allowance for doubtful accounts	10,602	47c	
	48a Pledges receivable	962,748		
	b Less allowance for doubtful accounts	511,306	48c	962,748
	49 Grants receivable		49	428,176
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	1,560,840	54a	3,319,085
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment basis	4,382		
	b Less accumulated depreciation (attach schedule)	1,910	2,788	55c  2,472
	56 Investments—other (attach schedule)		56 	872,000
	57a Land, buildings, and equipment basis	208,600		
b Less accumulated depreciation (attach schedule)		208,600	57c  208,600	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58	2,396,401	59	5,809,492	
Liabilities	60 Accounts payable and accrued expenses	12,224	60	5,804
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	12,224	66	5,804	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	412,002	67	799,704
	68 Temporarily restricted	568,312	68	713,391
	69 Permanently restricted	1,403,863	69	4,290,593
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	2,384,177	73	5,803,688
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	2,396,401	74	5,809,492

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Administrative Fees					27,682
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	32,143	
96 Dividends and interest from securities			14	108,836	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-1,184
101 Net income or (loss) from special events					135,466
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				140,979	161,964
105 Total (add line 104, columns (B), (D), and (E))					302,943

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	Crystal Ball Special Event to communicate the mission of CFNM and encourage endowed fund giving
93A	Income from the provision of administrative services to carry out the Foundation's exempt purpose of administering and overseeing charitable donor advised funds

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	CFNM LLC 321 LOSHER STREET HERNANDO, MS 38632	261557749	CFNM formed CFNM, LLC on 12/11/07 and transferred 872,000 to it for the purchase of real estate	872,000
Totals				872,000

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

Please Sign Here

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.

***** Signature of officer	2008-08-15 Date
Tom Pittman President Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Roxie F Norris	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WILLIAMS PITTS & BEARD PLLC 2042 MCINGVALE RD STE A HERNANDO, MS 386328706			EIN Phone no (662) 429-4436

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION OF NORTHWEST

Employer identification number

94-3421724

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Includes entry for Peggy Linton.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a 'None' entry.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000; (b) Type of service; (c) Compensation. Includes a 'None' entry.

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	No
e	Transfer of any part of its income or assets?	2e	No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) <input checked="" type="checkbox"/>	3a	Yes
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	No
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c	No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes
b	Did the organization make any taxable distributions under section 4966?	4b	No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	No
d	Enter the total number of donor advised funds owned at the end of the tax year	► 27	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	► 1,138,584	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	► 1	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	► 871,414	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,504,712	532,465	252,240	119,744	2,409,161
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	220,333	213,711	50,961	78,713	563,718
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	44,504	13,830	2,318	935	61,587
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	1,769,549	760,006	305,519	199,392	3,034,466
24 Line 23 minus line 17	1,549,216	546,295	254,558	120,679	2,470,748
25 Enter 1% of line 23	17,695	7,600	3,055	1,994	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 49,415
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 125,585
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 2,470,748
d Add Amounts from column (e) for lines	18 61,587	19 0			26d 187,172
	22	26 b 125,585			26e 2,283,576
e Public support (line 26c minus line 26d total)					26f 9242 00 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			27c 0
	17 _____	20 _____	21 _____		27d _____
d Add Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following	32a	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Additional Data

Software ID: 07000211

Software Version: 2007v2.4

EIN: 94-3421724

Name: COMMUNITY FOUNDATION OF NORTHWEST

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Repairs and Maintenance	43a	191	105	38	48
b PROGRAM EXPENSES	43b	167,836	167,836		
c OTHER PROFESSIONAL FEES	43c	1,600	880	336	384
d OFFICE SUPPLIES	43d	26,655	14,660	5,331	6,664
e Miscellaneous Expense	43e	5,453	2,999	1,091	1,363
f LIABILITY INSURANCE	43f	1,776	977	355	444
g DUES AND SUBSCRIPTIONS	43g	1,567	862	313	392
h CONTINUING EDUCATION	43h	7,251	3,988	1,450	1,813
i BANK CHARGES	43i	351	193	70	88
j ADVERTISING	43j	1,879	1,033	376	470

Form 990, Part III - Program Service Accomplishments:

<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a</p> <p>THE FOUNDATION MAKES GRANTS FROM ITS UNRESTRICTED FUNDS WITH PRIORITIES OF EDUCATION, HEALTH AND YOUNG PEOPLE</p> <p>(Grants and allocations \$ 102,629) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>303,719</p>
<p>b</p> <p>THE FOUNDATION ALSO ADMINISTRERS SCHOLARSHIP FUNDS IN ACCORDANCE WITH ITS ESTABLISHED POLICIES AND PROCEDURES</p> <p>(Grants and allocations \$ 3,738) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>5,204</p>
<p>c</p> <p>FIELD OF INTEREST FUNDS SUPPORT THE FOUNDATION'S REGIONAL EFFORT TO REDUCE CHILDHOOD OBESITY IN COOPERATION WITH SCHOOLS, CHURCHES AND OTHER LOCAL INSTITUTIONS THE EFFORT INCLUDES A DIVERSE, ORGANIZED HEALTH COUNCIL IN EACH OF EIGHT COUNTIES THAT DEVELOPS AND IMPLEMENTS A PLACE-BASED ACTION PLAN THE FIELD OF INTEREST GRANTS ALSO SUPPORT THE FIRST REGIONAL LIBRARY EARLY CHILDHOOD EDUCATION PROGRAM, YOUTH FINANCIAL LITERACY EDUCATION IN QUITMAN COUNTY PUBLIC SCHOOLS, CREATION OF A WRITING/SPEAKING INSTITUTE FOR COAHOMA COUNTY PUBLIC SCHOOL STUDENTS AND OTHER INNOVATIVE, CHARITABLE WORK</p> <p>(Grants and allocations \$ 104,224) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>210,299</p>
<p>d</p> <p>DESIGNATED FUNDS CREATED AND SUSTAIN A VOLUNTEER CENTER IN COLLABORATION WITH THE MISSISSIPPI COMMISSION ON VOLUNTEER SERVICE TO CONNECT RESIDENTS AND NONPROFITS THROUGHOUT NORTHWEST MISSISSIPPI THE COMMUNITY FOUNDATION ALSO LED A SUCCESSFUL HEALTH PROGRAM PARTNERSHIP FOR A HEALTHY MISSISSIPPI DESOTO AND TATE COUNTIES TO DISCOURAGE TOBACCO USED BY CHILDREN AND YOUTH DESIGNATED FUNDS ALSO SUPPORT HEALTH CARE FOR UNINSURED RESIDENTS, MEDICAL RESEARCH, A COUNTYWIDE PRAYER COUNCIL, A COMMUNITY THEATRE, HISTORIC PRESERVATION AND OTHER CHARITABLE WORK</p> <p>(Grants and allocations \$ 99,801) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>158,619</p>
<p>e</p> <p>THE FOUNDATION'S PRIMARY PROGRAM IS TO ADMINISTER DONOR ADVISED, DESIGNATED AND FIELD OF INTEREST FUNDS TO ACCOMPLISH THIS WORK, THE FOUNDATION RECEIVES AND ACCEPTS PROPERTY TO BE USED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES, PRIMARILY IN AND FOR THE BENEFIT OF RESIDENTS OF THE NORTHWEST MISSISSIPPI REGION DONOR ADVISED FUNDS SUPPORT A HOME FOR ABUSED CHILDREN, A HOME FOR MENTALLY CHALLENGED ADULTS, YOUTH SPORTS, INNOVATIVE EARLY CHILDHOOD EDUCATION, ADOLESCENT OFFENDER REHABILITATION, TECHNOLOGY FOR PUBLIC SCHOOLS, COLLEGES AND OTHER CHARITABLE WORK</p> <p>(Grants and allocations \$ 328,452) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>351,549</p>

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JIM FLANAGAN 8 CROCKETT LOOP E HERNANDO, MS 38632	Director 0 25	0		
WAYNE BARTLEY 4314 REBELAJ DRIVE OLIVE BRANCH, MS 38654	Director 0 25	0		
BARBARA SMITH 4096 DAWKINS FARM RD OLIVE BRANCH, MS 38654	Secretary 0 50	0		
VERNON SIMPSON 3099 HIGHWAY 301 N LAKE CORMORANT, MS 38641	Director 0 25	0		
CYNTHIA WARE 8937 SWEET FLAG LOOP SOUTHAVEN, MS 38671	Director 0 25	0		
MARY LEE BROWN PO BOX 276 HERNANDO, MS 38632	Treasurer 0 50	0		
MIKE ANDERSON 4293 TRUMPINGTON COVE SOUTHAVEN, MS 38671	Director 0 25	0		
ROB TYNER PO BOX 755 LYON, MS 38645	Director 0 25	0		
PAT NELSON PO BOX 246 SOUTHAVEN, MS 38671	Vice Chairman 0 50	0		
LYNDA AUSTIN 8000 AUSTIN ROAD LAKE CORMORANT, MS 38641	Chairman 0 50	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DOUG THORNTON 434 NORTH STREET HERNANDO, MS 38632	Director 0 25	0		
DR ROBERT SEYMOUR 460 BYHALIA ROAD HERNANDO, MS 38632	Director 0 25	0		
TOM PITTMAN 1350 FORREST LAKE COVE HERNANDO, MS 38632	President 50 00	115,986		

TY 2007 Cash Grants Paid Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	Olive Branch Heroes Fund	PO Box 5071 Bollingbrook, IL 60440	952	
Charitable	American Liver Foundation	1010 June Road Suite 101 Memphis, TN 38119	15,359	
Charitable	DeSoto Civic Center	4560 Venture Drive Southaven, MS 38671	1,386	
Educational	First Regional Library	370 W Commerce Street Hernando, MS 38632	3,000	
Educational	FROG Inc	PO Box 160 Clarksdale, MS 38614	500	
Educational	Clarksdale HS Culinary Arts Prg	PO Box 1088 Clarksdale, MS 38614	500	
Educational	Rest Haven Restaurant	419 S State Street Clarksdale, MS 38614	300	
Educational	PREPS	PO Box 5365 Mississippi State, MS 39762	250	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	The Food Bank	239 South Dudley Memphis, TN 38104	1,500	
Educational	South Panola School District	209 Boothe Street Batesville, MS 38606	4,226	
Charitable	DeSoto Family Theatre	8710 Northwest Drive Suite 202 Southaven, MS 38671	1,003	
Educational	Clarksdale Muni School District	PO Box 1088 Clarksdale, MS 38614	700	
Educational	Coahoma Co School District	PO Box 820 Clarksdale, MS 38614	500	
Educational	Coahoma Co Ag HS	3240 Friars Point Road Clarksdale, MS 38614	500	
Educational	Coahoma Co Education Found	PO Box 1414 Clarksdale, MS 38614	5,000	
Charitable	Quitman Co Development Org	PO Box 3386 Marks, MS 38646	8,750	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	Partnership for a Healthy MS	617 Renaissance Way Ridgeland, MS 39157	806	
Charitable	DeSoto Athletic Club	3146 Goodman Road Southaven, MS 38671	9,500	
Educational	South Panola School District	209 Boothe Street Batesville, MS 38606	5,000	
Educational-Scholarship	Jenna McCarty	3290 Shady Hill Drive Hernando, MS 38632	500	
Educational	Eva Covington Head Start	PO Box 128 Charleston, MS 38921	5,000	
Educational-Scholarship	Amber Reaves	1225 Highway 51 South Hernando, MS 38632	1,000	
Educational-Scholarship	Meagan Bennett	2671 Williamsburg Lane Hernando, MS 38632	1,000	
Charitable	Olive Branch Family YMCA	8555 Goodman Road Olive Branch, MS 38654	75,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Educational	DeSoto Co Fd for Excellence in Educ	316 W Commerce Street Hernando, MS 38632	2,500	
Charitable	Tunica County Government	PO Box 639 Tunica, MS 38676	5,000	
Charitable	Northwest MS Regional Med Ctr	1970 Hospital Drive Clarksdale, MS 38614	5,000	
Religious	Emmaus Community Church	120 Tate Street Senatobia, MS 38668	9,500	
Educational	Northwest Mississippi Community Col	4975 Highway 51 North Senatobia, MS 38668	500	
Educational	Delta Technical College	1090 Main Street Southaven, MS 38671	1,000	
Educational	Rural School Community Trust	1775 Graham Avenue Henderson, NC 27536	7,743	
Educational	Christie Herring	1466 38th Avenue San Francisco, CA 94122	19,755	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	Maddox Hockey Inc dba River Kings	4560 Venture Drive Southaven, MS 38671	5,897	
Charitable	Maddox Football Inc dba Explorers	4560 Venture Drive Southaven, MS 38671	332	
Charitable	Celebrate Hernando	945 Eagle Ridge Cove Hernando, MS 38632	500	
Educational	Mississippi State University	PO Box 5316 Mississippi State, MS 39762	20,000	
Charitable	Ben Flanagan Memorial Fund	321 Loshier Street Hernando, MS 38632	2,500	
Charitable	Youth Opportunities Unltd	PO Box 294 Marks, MS 38646	13,250	
Charitable	HHistoric DeSoto Museum	111 East Commerce Hernando, MS 38632	2,516	
Religious	Love Temple Fellowship Ministry	PO Box 1452 Tunica, MS 38676	3,750	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	American Red Cross	1400 Central Avenue Memphis, TN 38104	1,815	
Charitable	Sycamore Arts Council	PO Box 1096 Senatobia, MS 38668	3,750	
Educational	Tutwiler Community Education	PO Box 448 Tutwiler, MS 38963	2,400	
Charitable	SonEdna Foundation Inc	PO Box 650 Charleston, MS 38921	5,000	
Religious	St Timothy's Episcopal	8245 Getwell Road Southaven, MS 38671	1,500	
Charitable	Baddour Center	POBox 97 Senatobia, MS 38668	2,500	
Charitable	Delta Blues Musuem	PO Box 459 Clarksdale, MS 38614	2,000	
Educational	SNJM Jonestown Learning Center	PO Box 248 Jonestown, MS 38639	5,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Educational	Teach for America - Delta	299 South 9th Street Suite 212 Oxford, MS 38655	5,000	
Charitable	DeSoto HealthWellness Center	7181 Delta Bluff Parkway Walls, MS 38680	4,267	
Charitable	House of Grace	PO Box 272 Southaven, MS 38671	3,000	
Religious	1st Oak Grove MB Church Outreach	PO Box 423 Crowder, MS 38622	2,500	
Charitable	YMCA of Memphis Mid-South	777 W Poplar Suite 103 Collierville, TN 38017	3,000	
Charitable	Alliance Charitable Foundation	PO Box 5897 Holly Springs, MS 38634	13,500	
Charitable	Northeast MS Healthcare	P O Box 698 Byhalia, MS 38611	500	
Charitable	Sacred Heart Southern Missions	PO Box 190 Walls, MS 38680	2,899	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	Girl Scouts Council of NW MS	305 E Washington St Greenwood, MS 38930	1,286	
Charitable	Boys and Girls Club of DeSoto Co	PO Box 3216 Cleveland, MS 38733	5,000	
Charitable	Impact Missions Inc	8791 Northwest Drive Southaven, MS 38671	1,000	
Charitable	Heart's Desire Therapeutic Rid	P O Box 466 Senatobia, MS 38668	2,500	None

TY 2007
DAFCashGrantsPaidSchedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Class of Activity	Recipient's name	Address	Amount	Relationship
Educational	Technology Education Fund	431 Losther Street Hernando, MS 38632	21,000	
Charitable	Youth Opportunities Unltd	PO Box 294 Marks, MS 38646	329	
Charitable	Historic DeSoto Museum	111 East Commerce Hernando, MS 38632	500	
Charitable	Palmer Home for Children	PO Box 929 Hernando, MS 38632	6,076	
Charitable	Maddox Hockey Inc dba River Kings	2470 Highway 51 South Hernando, MS 38632	240	
Educational	Al Gilles Southaven Rotary Scholars	7738 Parkwood Circle Southaven, MS 38671	100	
Charitable	Arthritis Foundation	5352 Estate Office Park Dr Ste 1 Memphis, TN 38119	50	
Educational	Rhodes College	2000 N Parkway Memphis, TN 38112	16,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	Baddour Center	PO Box 97 Senatobia, MS 38668	1,391	
Charitable	Mid-south German Shepherd Rescue	PO Box 542 Nesbit, MS 38651	129	
Charitable	MS Commission for Vol Service	3825 Ridgewood Rd Suite 601 Jackson, MS 39211	2,500	
Charitable	Hernando Lions Club	3845 Highway 51 South Hernando, MS 38632	1,000	
Religious	DeSoto County Prayer Council	321 Losher Street Hernando, MS 38632	1,000	
Charitable	UMC Katrina Relief Fund	3181 Holly Springs Road Hernando, MS 38632	350	
Charitable	CrossRoads Foundation	766 Hickory Ridge Drive Hernando, MS 38632	1,800	
Charitable	Hernando Chamber of Commerce	2465 Highway 51 South Hernando, MS 38632	1,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	Citizensium FoundationTide Center	167 S Township Road Pataskala, OH 43062	1,000	
Charitable	American Cancer Society	1378 Union Avenue Memphis, TN 38104	100	
Charitable	Celebrate Hernando	945 Eagle Ridge Cove Hernando, MS 38632	5,000	
Religious	Love United Methodist Church	735 Love Road Hernando, MS 38632	100	
Educational	Oak Grove Central Elementary	893 Oak Grove Road Hernando, MS 38632	100	
Religious	Broadmeadow United Methodist	4419 Broadmeadow Drive Jackson, MS 39206	5,000	
Charitable	Special Olympics Area 16	7355 Allison Road Olive Branch, MS 38654	312	
Charitable	North MS Monarchs	7420 Hunters Hollow Lane Soutaven, MS 38671	826	

Class of Activity	Recipient's name	Address	Amount	Relationship
Religious	MS District Church of Nazarene	509 Springridge Road Clinton, MS 39056	11,990	
Religious	Southaven Hispanic Church of Nazare	1761 Dorchester Southaven, MS 38671	17,200	
Educational	DeSoto County Schools	5 East South Street Hernando, MS 38632	120,620	
Charitable	Memphis Youth Hockey League	PO Box 704 Collierville, TN 38027	1,254	
Educational	DeSoto Central H S Band	2911 Central Parkway Southaven, MS 38672	2,049	
Charitable	Felloswhip of Christian Athletes N	931 Gaylon Drive Southaven, MS 38671	8,500	
Educational	Quitman County School District	PO Drawer E Marks, MS 38646	403	
Educational	SNJM Jonestown Learning Center	PO Box 248 Jonestown, MS 38639	5,900	

Class of Activity	Recipient's name	Address	Amount	Relationship
Charitable	YCAP of Desoto County	PO Box 928 Hernando, MS 38632	600	
Religious	Living Waters Hounduras Mission	P O Box 591 Horn Lake, MS 38637	17,900	
Charitable	DeSoto HealthWellness Center	7181 Delta Bluff Pkwy Walls, MS 38680	8,983	
Charitable	Smiles for Life	975 Woodoak Lane Ste 200 Salt Lake City, UT 84117	5,950	none
Charitable	Hernando Youth Sports	2470 Hwy 51 South Hernando, MS 38632	61,200	None

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2003 Gain/Loss from Sale of Nonpublic Securities Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)
various certificates of deposit	2000-01	Purchased	2007-01		243,000	243,000		

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** COMMUNITY FOUNDATION OF NORTHWEST**EIN:** 94-3421724**Software ID:** 07000211**Software Version:** 2007v2.4**Gross Sales Price:** 192,630**Basis:** 193,814**Sales Expenses:****Total (net):**

TY 2007 Investments - Land Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Machinery and Equipment	4,382	1,910	2,472

TY 2007 Investments - Other Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Description	Book Value	Cost/FMV
PARTNERSHIP INTEREST CFNM, LLC	872,000	C

TY 2007 Land etc. Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	208,600		208,600

TY 2007 Other Changes in Net Assets Schedule**Name:** COMMUNITY FOUNDATION OF NORTHWEST**EIN:** 94-3421724**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Amount
Unrealized loss on investments	-5,684

TY 2007 Other Expenses Included Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Direct fundraising expenses	103,697

TY 2007 Other Revenues Included Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Direct fundraising expenses	103,697

TY 2007 Special Events Schedule

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Crystal Ball	239,163		239,163	103,697	135,466

TY 2007 Employee Compensation Explanation**Name:** COMMUNITY FOUNDATION OF NORTHWEST**EIN:** 94-3421724**Software ID:** 07000211**Software Version:** 2007v2.4

Employee	Explanation
Peggy Linton	

TY 2007 Scholarship Award Statement

Name: COMMUNITY FOUNDATION OF NORTHWEST

EIN: 94-3421724

Software ID: 07000211

Software Version: 2007v2.4

Statement: The Foundation operates under the IRS guidelines in determining scholarship recipients. A donor or advisor does not control the scholarship selection process. A selection committee is formed to determine the most qualified candidates in accordance with established criteria. Documentation is retained to show how the recipients were selected and the terms under which the gift was made. All scholarships are publicized in an appropriate manner to ensure that eligible individuals are reasonably informed of its availability. Scholarship recipients are screened to ensure that distributions are not made for the benefit of disqualified persons.