

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 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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
303 WILLIAMS AVE SW

City or town, state or province, country, and ZIP or foreign postal code
HUNTSVILLE, AL 35801

D Employer identification number
26-3750673

E Telephone number
(256) 489-3525

G Gross receipts \$ 7,717,688

F Name and address of principal officer
STUART OBERMANN
303 WILLIAMS AVE SW STE 1031
HUNTSVILLE, AL 35801

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.communityfoundationhsv.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2008

M State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITY THROUGH PHILANTHROPY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	16
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	7
6 Total number of volunteers (estimate if necessary)	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,544,809	4,214,167
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	346,038	575,348
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,536	153,502
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,012,383	4,943,017
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,796,662	3,501,924
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	203,243	232,687
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,875		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	277,243	398,161
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,277,148	4,132,772
19 Revenue less expenses Subtract line 18 from line 12	2,735,235	810,245
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	16,362,013	20,370,560
21 Total liabilities (Part X, line 26)	142,399	4,353,220
22 Net assets or fund balances Subtract line 21 from line 20	16,219,614	16,017,340

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-07-22

STUART OBERMANN PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-07-22 Check if self-employed PTIN: P01050742

Firm's name: ▶ MERCER & ASSOCIATES PC Firm's EIN: ▶

Firm's address: ▶ 201 WILLIAMS AVENUE SUITE 280 HUNTSVILLE, AL 35801 Phone no: (256) 536-4318

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

IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITY THROUGH PHILANTHROPY

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 No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,554,991 including grants of \$ 3,501,924) (Revenue \$ 4,486,148)

See Additional Data

4b (Code) (Expenses \$ 207,739 including grants of \$ 204,116) (Revenue \$ 154,960)

See Additional Data

4c (Code) (Expenses \$ 99,590 including grants of \$ 98,615) (Revenue \$ 100,000)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 72,365 including grants of \$ 70,621) (Revenue \$ 201,909)

4e Total program service expenses ▶ 3,934,685

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records. MELISSA THOMPSON 301 WILLIAMS AVE SW STE 1031 HUNTSVILLE, AL 35801 (256) 489-3525

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOE ALEXANDER CHAIR	5 00	X		X				0	0	0
(2) PAM HUDSON MD VICE CHAIR	5 00	X		X				0	0	0
(3) GINGER HARPER SECRETARY	5 00	X		X				0	0	0
(4) CHRIS RUSSELL TREASURER	5 00	X		X				0	0	0
(5) BILL ROARK PAST CHAIR	1 00	X						0	0	0
(6) KEVIN WEBBER MEMBER	1 00	X						0	0	0
(7) FRANK WILLIAMS MEMBER	1 00	X						0	0	0
(8) BOBBY BRADLEY MEMBER	1 00	X						0	0	0
(9) JOHN E BURNETT MEMBER	1 00	X						0	0	0
(10) JESSICA HOVIS SMITH MEMBER	1 00	X						0	0	0
(11) MIKE DEMAIORIBUS MEMBER	1 00	X						0	0	0
(12) DANA GILLIS MEMBER	1 00	X						0	0	0
(13) NANCY WASHINGTON VAUGHN MEMBER	1 00	X						0	0	0
(14) CHRIS HINSON MEMBER	1 00	X						0	0	0
(15) MIKE LOWE MEMBER	1 00	X						0	0	0
(16) GAYLE MILTON MEMBER	1 00	X						0	0	0
(17) STUART OBERMANN CEO/PRESIDENT	40 00	X		X				93,409	0	0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	61,490		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,152,677		
	g Noncash contributions included in lines 1a - 1f \$		1,387,447		
	h Total. Add lines 1a-1f		4,214,167		

Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
9 Total. Add lines 2a-2f							

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		426,220		0	0	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		2,880,066			
		c Gain or (loss)		2,730,938			
		d Net gain or (loss)		149,128	149,128	0	0
	8a Gross income from fundraising events (not including \$ 61,490 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	27,322			
		c Net income or (loss) from fundraising events		-16,411		0	-16,411
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a ADMINISTRATIVE FEES		561000	167,595	167,595	0	0	
b _____							
c _____							
d All other revenue			2,318	2,318	0	0	
e Total. Add lines 11a-11d			169,913				
12 Total revenue. See Instructions			4,943,017	745,261	0	-16,411	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,501,924	3,501,924		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	93,409	56,045	9,341	28,023
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.	110,623	66,362	11,062	33,199
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,801	3,480	580	1,741
9 Other employee benefits.	6,128	3,676	613	1,839
10 Payroll taxes.	16,726	10,034	1,673	5,019
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	6,470	0	6,470	0
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	188,686	150,409	38,277	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	15,401	9,240	1,540	4,621
12 Advertising and promotion.	14,517	8,709	1,452	4,356
13 Office expenses.	23,275	13,963	2,328	6,984
14 Information technology.				
15 Royalties.				
16 Occupancy.	23,284	13,969	2,328	6,987
17 Travel.	4,799	2,879	480	1,440
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,914	2,348	391	1,175
20 Interest.	66,667	66,667	0	0
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,021	613	102	306
23 Insurance.	9,513	0	9,513	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a EQUIPMENT EXPENSE	14,168	8,500	1,417	4,251
b MISCELLANEOUS	20,891	12,535	2,089	6,267
c WEBSITE	1,077	646	108	323
d DUES AND SUBSCRIPTIONS	4,478	2,686	448	1,344
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	4,132,772	3,934,685	90,212	107,875
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	798,740	1	522,808
	2 Savings and temporary cash investments	15,461,810	2	15,833,684
	3 Pledges and grants receivable, net	100,000	3	0
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,213	9	9,055
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,432		
	b Less accumulated depreciation	10b 3,419	10c	5,013
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	250	14	
	15 Other assets See Part IV, line 11		15	4,000,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,362,013	16	20,370,560	
Liabilities	17 Accounts payable and accrued expenses	14,784	17	15,455
	18 Grants payable	123,200	18	332,765
	19 Deferred revenue	4,415	19	5,000
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	4,000,000
	26 Total liabilities. Add lines 17 through 25	142,399	26	4,353,220
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,003,247	27	12,481,075
	28 Temporarily restricted net assets	1,570,735	28	3,536,265
	29 Permanently restricted net assets	1,645,632	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,219,614	33	16,017,340	
34 Total liabilities and net assets/fund balances	16,362,013	34	20,370,560	

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	4,943,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,132,772
3	Revenue less expenses Subtract line 2 from line 1	3	810,245
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,219,614
5	Net unrealized gains (losses) on investments	5	-1,012,519
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,017,340

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007482

Software Version:

EIN: 26-3750673

Name: COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Form 990 (2018)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION ADMINISTERS DONOR ADVISED FUNDS, DESIGNATED FUNDS, FIELD OF INTEREST FUNDS, AND AGENCY FUNDS. THE FOUNDATION MAKES GRANTS TO 501(C)(3) NONPROFIT ORGANIZATIONS AS ADVISED BY DONORS AND APPROVED BY OUR BOARD OF DIRECTORS. IN 2018, THE COMMUNITY FOUNDATION, ON BEHALF OF DONORS, MADE 824 GRANTS TO 296 DIFFERENT NONPROFIT ORGANIZATIONS, WITH 72.5% OF THOSE GRANTS REMAINING IN MADISON COUNTY TO IMPROVE THE QUALITY OF LIFE FOR ALL THOSE WHO LIVE HERE.

Form 990, Part III, Line 4b:

THE COMMUNITY FOUNDATION, IN PARTNERSHIP WITH THE SCHOOLS FOUNDATION, ADMINISTERS THE SUMMER ADVENTURES IN LEARNING (SAIL) PROGRAM TO HELP PREVENT SUMMER LEARNING LOSS AMONG LOW-INCOME STUDENTS FROM THE THREE PUBLIC SCHOOLS SYSTEMS IN MADISON COUNTY THROUGH THE GENEROSITY OF OUR COMMUNITY, THE FOUNDATION MADE SIX PROGRAM GRANTS OF \$30,000 EACH TO LOCAL NONPROFIT ORGANIZATIONS PROVIDING INTENTIONALLY-ACADEMIC SUMMER PROGRAMMING FOR 500 STUDENTS DURING THE SUMMER OF 2018

Form 990, Part III, Line 4c:

THE COMMUNITY FOUNDATION, IN PARTNERSHIP WITH GOOGLE FIBER, LAUNCHED THE GOOGLE FIBER DIGITAL INCLUSION FUND TO RAISE AWARENESS AND TO MAKE GRANTS TO PROMOTE DIGITAL INCLUSION EFFORTS IN OUR COMMUNITY. THE FOUNDATION, THROUGH A GRANTS COMMITTEE AUTHORIZED BY A BOARD OF DIRECTORS, MADE 9 GRANTS, RANGING IN SIZE FROM \$3,000 TO \$20,000 TO NONPROFITS ORGANIZATIONS SERVING RESIDENTS OF MADISON COUNTY, ALABAMA.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

(Code) (Expenses \$ 72,365 including grants of \$ 70,621) (Revenue \$ 113,097)

THE COMMUNITY FOUNDATION, THROUGH ITS WOMEN'S PHILANTHROPY SOCIETY, WORKS TO STRATEGICALLY ADDRESS ISSUES AFFECTING WOMEN AND FAMILIES IN OUR COMMUNITY IN 2018, THE WOMEN'S PHILANTHROPY SOCIETY SELECTED THE ISSUE OF HOMELESS WOMEN AND FAMILIES IN OUR COMMUNITY EFFORTS TO RAISE AWARENESS ABOUT THIS ISSUE INCLUDED A COMMUNITY CONVERSATION ATTENDED BY 80 COMMUNITY LEADERS, AND AN ONLINE PUBLICITY CAMPAIGN HIGHLIGHTING KEY DATA POINTS AFTER A COMPETITIVE GRANTS PROCESS, THE GRANTS COMMITTEE AWARDED A \$50,000 GRANT TO THE ELM FOUNDATION FOR ITS COMMUNITY CONNECTIONS PROGRAMS, WHICH MORE EFFECTIVELY AND EFFICIENTLY BRIDGES SERVICES THROUGH THE CHARITY TRACKER ONLINE NETWORK, FOR WOMEN AND FAMILIES IN OUR COMMUNITY

(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 62,990)

ON SEPTEMBER 19, 2018, THE COMMUNITY FOUNDATION HOSTED ITS TENTH ANNUAL SUMMIT ON PHILANTHROPY AT THE JACKSON CENTER AND WELCOMED 274 PARTICIPANTS THE SUMMIT IS DESIGNED TO INSPIRE AND CELEBRATE PHILANTHROPY IN OUR COMMUNITY AND FEATURES THE PRESENTATION OF OUR ANNUAL COMMUNITY PHILANTHROPY AWARDS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

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

(Code) (Expenses \$	0	including grants of \$	0) (Revenue \$	25,822)
ON JUNE 21, 2018, THE COMMUNITY FOUNDATION HOSTED ITS FIFTH ANNUAL NONPROFIT UNIVERSITY AT THE VON BRAUN CENTER AND WELCOMED 460 NONPROFIT PROFESSIONALS, BOARD MEMBERS, AND VOLUNTEERS REPRESENTING 239 DIFFERENT ORGANIZATIONS FROM 37 DIFFERENT CITIES NPU IS DESIGNED TO BUILD THE CAPACITY OF THE NONPROFIT ORGANIZATIONS THAT SERVE THE NORTH ALABAMA REGION AND FEATURES AN INSPIRATIONAL KEYNOTE ADDRESS, FOLLOWED BY TEN CONCURRENT TRACTS OF TRAINING, AND ENDING THE DAY WITH A NETWORKING RECEPTION					

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number

26-3750673

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,164,759	2,886,022	2,921,077	4,544,809	4,214,167	16,730,834
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	2,164,759	2,886,022	2,921,077	4,544,809	4,214,167	16,730,834
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)						0
6	Public support. Subtract line 5 from line 4						16,730,834

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	2,164,759	2,886,022	2,921,077	4,544,809	4,214,167	16,730,834	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	142,977	164,177	186,945	218,302	426,220	1,138,621	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0	
11	Total support. Add lines 7 through 10						17,869,455	
12	Gross receipts from related activities, etc (see instructions)						12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	93.630%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	93.460%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

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>		

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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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 government entity (see instructions).		
2	Activities Test Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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>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>		

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

- 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)	1	
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 (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007482

Software Version:

EIN: 26-3750673

Name: COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number
26-3750673

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	158	0
2 Aggregate value of contributions to (during year)	3,491,926	0
3 Aggregate value of grants from (during year)	3,153,007	0
4 Aggregate value at end of year	11,260,216	0

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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	1,645,632	1,195,761	614,836	261,243	142,954
b Contributions	656,694	304,022	536,513	363,856	135,324
c Net investment earnings, gains, and losses	-104,085	168,139	56,487	-4,812	-7,505
d Grants or scholarships	17,436	1,540	500	500	
e Other expenditures for facilities and programs					
f Administrative expenses	28,855	20,750	11,575	4,951	9,530
g End of year balance	2,151,950	1,645,632	1,195,761	614,836	261,243

- 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 ▶
 - c** Temporarily restricted endowment ▶
- 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 | | |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	5,784		771	5,013
e Other	2,648		2,648	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,013

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. (Column (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. (Column (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) BOND INVESTMENT - CADENCE	4,000,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	4,000,000

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
NOTE PAYABLE - CADENCE	4,000,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,000,000

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,930,498
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,012,519
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-1,012,519
3	Subtract line 2e from line 1	3	4,943,017
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,943,017

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	4,060,088
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	-72,684
e	Add lines 2a through 2d	2e	-72,684
3	Subtract line 2e from line 1	3	4,132,772
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,132,772

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007482

Software Version:

EIN: 26-3750673

Name: COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Supplemental Information

Return Reference	Explanation
Pt XII, Line 2d	Difference due to book to tax difference for nonprofit agency funds. Changes in value to the nonprofit agency funds are not recognized as income/expense in GAAP but are recognized as such for income tax reporting.

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	The following endowment funds have been established to provide a permanent source of community capital Catalyst Endowment-to support a broad spectrum of community needs, Women's Endowment Fund-to support women and families in our community, Alabama A&M University STEM Star Fund-to increase diversity in our workforce, give256 Endowment Fund-to support a broad spectrum of community needs

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	Leadership Endowment Fund-to ensure long-term stability of Leadership Huntsville/Madison County

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	Montessori Families Endowment Fund-to support the Montessori Schools of Huntsville

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	the Schools Foundation-to support Huntsville City, Madison County, and Madison City Public Schools

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	Ruth and Lyle Taylor Fund-to support historic preservation, enviromental conservation, and civic involvement projects

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	Various donor advised funds to provide legacy funding for community needs

Supplemental Information

Return Reference	Explanation
Pt V, Line 4	Cap & Gown Endowment - to provide long-term stability of the Cap & Gown project

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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 OF GREATER HUNTSVILLE

Employer identification number
26-3750673

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SUMMIT ON PHILANTHROPY (event type)	NONPROFIT UNIV (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	62,990	25,822		88,812
	2 Less Contributions	52,890	8,600		61,490
	3 Gross income (line 1 minus line 2)	10,100	17,222		27,322
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,550	5,982		7,532
	7 Food and beverages	9,405	10,457		19,862
	8 Entertainment	6,500	500		7,000
	9 Other direct expenses	4,755	3,650		8,405
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				42,799
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-15,477	

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number 26-3750673

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?
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 109
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MORTGAGE ASSISTANCE	1	3,219			
(2) RENT	1	1,237			
(3) AUTO LOAN	1	890			
(4) CHILDCARE	1	2,592			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Pt I Line 2	GRANTS ARE EVALUATED BY A GRANTS COMMITTEE COMPRISED OF STAFF AND COMMUNITY IMPACT COMMITTEE MEMBERS, NO MEMBERS OF THE DONOR ORGANIZATION ARE PART OF THIS GRANTS COMMITTEE DISTRIBUTIONS, NOTED ABOVE, WERE MADE FROM EMPLOYEE HARDSHIP FUNDS DIRECTLY TO VENDORS ON BEHALF OF EMPLOYEES WHO EXPERIENCED A SIGNIFICANT HARDSHIP IN ONE OF FOUR DEFINED CATEGORIES NATURAL DISASTER, LIFE-THREATENING OR SERIOUS ILLNESS OR INJURY, DEATH INCIDENT, OR CATASTROPHIC EXTREME CIRCUMSTANCES

Additional Data**Software ID:** 18007482**Software Version:****EIN:** 26-3750673**Name:** COMMUNITY FOUNDATION OF GREATER HUNTSVILLE**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT PRESBYTERIAN CHURCH 301 DRAKE AVE SE HUNTSVILLE, AL 35802	63-0422999		13,000				RELIGION RELATED
RIVERTREE CHURCH 652 TAYLOR ROAD OWENS CROSS ROADS, AL 35763	63-1199744		24,000				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN RESCUE MISSION 1400 EVANGEL DRIVE NW HUNTSVILLE, AL 35816	63-0735295		81,000				BASIC NEEDS
305 8TH STREET 305 8TH STREET NW HUNTSVILLE, AL 35805	63-1028950		13,200				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PO BOX 3799 HUNTSVILLE, AL 35810	58-0660607		7,000				BASIC NEEDS
NATIONAL CHILDREN'S ADVOCACY CENTER 210 PRATT AVE HUNTSVILLE, AL 35801	63-0891512		11,120				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE CHILDREN'S CLINIC 156 CHURCH AVE NEW HOPE, AL 35760	26-2467719		7,000				HEALTH
GRISSOM HIGH SCHOOL 1001 HAYSLAND ROAD HUNTSVILLE, AL 35802	63-6000813		7,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOKS NATURAL SCIENCE MUSEUM PO BOX 2955 DECATUR, AL 35602	46-0750517		45,000				EDUCATION
HUDSON ALPHA FOUNDATION 601 GENOME WAY HUNTSVILLE, AL 35806	27-2320591		52,408				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 6275 UNIVERSITY BLVD STE 37 HUNTSVILLE, AL 35806	13-5613797		22,450				HEALTH
WHITESBURG BAPTIST CHURCH 6806 WHITESBURG DRIVE HUNTSVILLE, AL 35802	63-6005479		170,000				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLOWBROOK BAPTIST CHURCH 7625 BAILEY COVE ROAD HUNTSVILLE, AL 35802	63-0637002		14,400				RELIGION RELATED
WEDC FOUNDATION INC 301 WASHINGTON STREET NW HUNTSVILLE, AL 35801	63-1207448		6,490				ECONOMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTSVILLE MADISON COUNTY BOTANICAL GARDEN SOCIETY 4747 BOB WALLACE AVE SW HUNTSVILLE, AL 35805	63-0800109		93,068				LIFESTYLE
ALABAMA CENTER FOR SUSTAINABLE ENERGY PO BOX 1381 HUNTSVILLE, AL 35807	47-1066687		6,872				ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION AL CHAPTER PO BOX 2888 HUNTSVILLE, AL 35804	20-2218566		11,500				HEALTH CARE
KIDS TO LOVE 140 CASTLE DRIVE MADISON, AL 35758	20-0606367		74,505	0			BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND TRUST OF NO ALABAMA 2707 ARTIE STREET SW STE 6 HUNTSVILLE, AL 35805	63-0974278		30,600				LIFESTYLE/ENVIRONMENT
THE CORNERSTONE INITIATIVE PO BOX 18697 HUNTSVILLE, AL 35804	27-5159255		31,117				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VAPOR SPORTS MINISTRIES 338 TALLADEGA SPRINGS ROAD SYLACAUGA, AL 35151	03-0566373		34,968				RELIGION RELATED
AMERICAN RED CROSS 1101 WASHINGTON ST NW HUNTSVILLE, AL 35801	53-0196605		16,250				EMERGENCY RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JH ISRAEL 402 OFFICE PARK DRIVE BIRMINGHAM, AL 35242	77-0567139		50,000				EDUCATION
MADISON COUNTY VETERANS FOUNDATION 211 CELTIC DRIVE MADISON, AL 35758	47-0865053		30,000				COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANDOLPH SCHOOL 1005 DRAKE AVE SE HUNTSVILLE, AL 35802	63-0412843		61,408				EDUCATION
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE ST AUBURN UNIVERSITY, AL 36849	63-6022422		127,700				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS AND GIRLS CLUB NORTH AL PO BOX 73 HUNTSVILLE, AL 35804	63-0360026		76,760				SOCIAL ASSISTANCE
BROADWAY THEATER LEAGUE 700 MONROE STREET STE 410 HUNTSVILLE, AL 35801	63-0885711		7,500				LIFESTYLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CASA OF MADISON COUNTY 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	63-0835099		14,200				BASIC NEEDS
CENTRAL PRESBYTERIAN CHURCH 406 RANDOLPH AVE SE HUNTSVILLE, AL 35801	63-0363464		10,000				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CAP & GOWN PROJECT 115 NORTH SIDE SQUARE HUNTSVILLE, AL 35801	81-0829915		60,000				EDUCATION
EARLY WORKS SOCIETY 404 MADISON ST SE HUNTSVILLE, AL 35801	63-0927524		25,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHURCH OF THE NATIVITY 208 EUSTIS AVE SE HUNTSVILLE, AL 35801	63-0324703		6,400				RELIGION RELATED
HIGHLANDS COLLEGE 1701 LEE BRANCH LANE BIRMINGHAM, AL 35242	81-0863355		25,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ENGLISH LANGUAGE INSTITUTE IN CHINA PO BOX 3000 FORT COLLINS, CO 80522	93-3551085		7,500				EDUCATION
FREE 2 TEACH FOUNDATION PO BOX 1405 HUNTSVILLE, AL 35807	45-6634323		7,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENRICHMENT CENTER PO BOX 2446 MADISON, AL 35758	63-1284650		10,000				HEALTH AND WELLNESS
HUNTSVILLE INNER CITY LEARNING CENTER PO BOX 7212 HUNTSVILLE, AL 35807	20-5583934		36,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOLY FAMILY REGIONAL CATHOLIC SCHOOL 2300 BEASLEY AVENUE NW HUNTSVILLE, AL 35816	47-2700201		7,000				EDUCATION
HUNTSVILLE HOSPITAL FOUNDATION 101 SIVLEY ROAD SW HUNTSVILLE, AL 35801	63-0752604		11,188				HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST STOP INCORPORATED 206 STOKES STREET HUNTSVILLE, AL 35805	26-1841014		20,500				BASIC NEEDS
FIRST UNITED METHODIST CHURCH PO BOX 978 ATHENS, AL 35613	63-0312907		17,728				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST UNITED METHODIST CHURCH 120 GREENE STREET HUNTSVILLE, AL 35801	63-0348132		14,500				RELIGION RELATED
BRIARWOOD PRESBYTERIAN CHURCH 1111 GLENEAGLES DRIVE STE D HUNTSVILLE, AL 35801	63-0653634		6,500				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY OF MADISON COUNTY 400 PRATT AVE NW HUNTSVILLE, AL 35801	63-0951637		13,000				BASIC NEEDS
HUNTSVILLE ASSISTANCE PROGRAM 406 1/2 GOVERNORS DR STE 6 HUNTSVILLE, AL 35801	56-2292453		6,000				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILDREN'S HOSPITAL FOUNDATION 234 E GRAY STREET STE 450 LOUISVILLE, KY 40202	61-6027530		6,000				HEALTH
HEART OF THE VALLEY YMCA 120 HOLMES AVE NE STE 300 HUNTSVILLE, AL 35801	58-2058795		68,704				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND WIND PROGRAMS 402 OFFICE PARK DRIVE SUITE 310 BIRMINGHAM, AL 35223	68-0174970		118,100				EDUCATION
HOLY CROSS GREEK ORTHODOX CHURCH 3021 UNIVERSITY DRIVE HUNTSVILLE, AL 35816	63-0864843		10,400				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WAY-FM MEDIA GROUP INC 9582 MADISON BLVD 8 MADISON, AL 35758	59-2659856		6,000				LIFESTYLE
BURRITT MUSEUM ASSOCIATION 3101 BURRITT DRIVE HUNTSVILLE, AL 35801	63-0868992		6,000				LIFESTYLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUNTSVILLE LIBRARY FOUNDATION PO BOX 443 HUNTSVILLE, AL 35804	63-0927523		27,600				LIFESTYLE
FANTASY PLAYHOUSE CHILDREN'S THEATER 3312 LONG AVENUE HUNTSVILLE, AL 35805	63-6062217		5,925				LIFESTYLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KATE DUNCAN SMITH DAR SCHOOL 6077 MAIN STREET GRANT, AL 35747	63-0338084		8,943				EDUCATION
LEGACY CHRISTIAN UNIVERSITY 6806 WHITESBURG DRIVE HUNTSVILLE, AL 35802	45-5223658		18,000				EDUCATION

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LINCOLN VILLAGE PRESERVATION CORPORATION 1110 MERIDIAN ST N HUNTSVILLE, AL 35801	20-0379279		163,000				EDUCATION
MADISON ACADEMY INC 325 SLAUGHTER ROAD MADISON, AL 35758	63-0356666		5,204				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MADISON CITY SCHOOLS 211 CELTIC DRIVE MADISON, AL 35758	63-1192346		30,000				EDUCATION
MAYFAIR CHURCH OF CHRIST 1095 CARL T JONES DR HUNTSVILLE, AL 35802	63-0460551		14,612				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MERRIMACK HALL PERFORMING ARTS CENTER 3320 TRIANA BLVD HUNTSVILLE, AL 35805	20-5413583		5,500				LIFESTYLE
NATIONS OF COACHES 303D BELTLINE PLACE NUMBER 31 DECATUR, AL 35603	14-1927543		8,204				EDUCATION/RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NAVIGATORS PO BOX 6079 ALBERT LEA, MN 56007	84-6007896		6,150				RELIGION
CRISIS SERVICES OF NORTH ALABAMA PO BOX 368 HUNTSVILLE, AL 35804	63-0841545		5,500				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HISTORIC HUNTSVILLE FOUNDATION 124 SOUTHSIDE SQUARE HUNTSVILLE, AL 35801	63-0719717		5,431				LIFESTYLE
THE SCHOOLS FOUNDATION PO BOX 763 HUNTSVILLE, AL 35804	58-1955411		15,366				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROSE OF SHARON INC 2412 MEMORIAL PARKWAY HUNTSVILLE, AL 35801	20-0347652		5,400				BASIC NEEDS
SOUTHWOOD PRESBYTERIAN CHURCH 1000 CARL T JONES DRIVE HUNTSVILLE, AL 35802	63-0982667		28,500				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CARE CENTER 5451 MAIN DRIVE NEW HOPE, AL 35760	31-1745581		5,287				BASIC NEEDS
TRINITY UNITED METHODIST CHURCH 607 AIRPORT ROAD HUNTSVILLE, AL 35802	63-0414695		50,500				RELIGION RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARMY HISTORICAL FOUNDATION 2425 WILSON BLVD ARLINGTON, VA 22201	52-1367225		22,000				LIFESTYLE
ORPHANOS FOUNDATION PO BOX 1057 CORDOVA, TN 38088	62-1694378		22,400				RELIGION

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VILLAGE OF PROMISE 200 PRATT AVE NO B2 HUNTSVILLE, AL 35801	27-4419395		53,500				COMMUNITY DEVELOPMENT
HIS WAY 582 SHIELDS ROAD HUNTSVILLE, AL 35811	26-1841014		20,500				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARANATHA CAMP AND CONFERENCE CENTER 1091 JEFFERY ROAD SCOTTSBORO, AL 35769	32-0497815		97,000				RELIGION RELATED
HUNTSVILLE DREAM CENTER INC 2300 MEMORIAL PKWY HUNTSVILLE, AL 35801	27-0039458		17,500				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAKE MARTIN HUMANE SOCIETY PO BOX 634 ALEXANDER CITY, AL 35011	63-0847295		17,400				BASIC NEEDS
HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780	54-2143612		15,109				BASIC NEEDS

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FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852	11-3158401		15,010				BASIC NEEDS
CHARITY GLOBAL INC 40 WORTH ST STE 330 NEW YORK, NY 10013	22-3936753		15,000				COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG BROTHERS BIG SISTERS 701 ANDREW JACKSON WAY NE HUNTSVILLE, AL 35801	63-0833364		14,290				DOMESTIC ASSISTANCE
FOOD BANK OF NORTH ALABAMA PO BOX 18607 HUNTSVILLE, AL 35804	63-0884372		13,160				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RUSSEL HILL CANCER FOUNDATION 3601 CCI DRIVE HUNTSVILLE, AL 35805	20-5015568		11,000				HEALTH
UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 35487	63-6001138		11,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE LIGHT A CHURCH OF CHRIST 7220 GOVERNORS DR NW HUNTSVILLE, AL 35806	20-1534474		11,000				RELIGION RELATED
REACHING INDIANS MINISTRIES INTERNATIONAL 1949 OLD ELM ROAD LINDENHURST, IL 60046	36-3939257		11,000				RELIGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF NORTH ALABAMA FOUNDATION UNA BOX 5113 FLORENCE, AL 35632	63-0814488		10,204				EDUCATION
DUCKS UNLIMITED INC 27 CULPEPPER ST WARRENTON, VA 20186	13-5643799		10,000				ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVENUE LITTLE ROCK, AR 72202	71-0699939		10,000				BASIC NEEDS
THE PATHFINDER OF HUNTSVILLE 3104 IVEY AVE SW HUNTSVILLE, AL 35805	63-0709177		10,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608		10,000				HEALTH
RIGHT TO LIFE LEAGUE OF SO CALIFORNIA 1334 E PALMDALE BLVD PALMDALE, CA 93550	95-2645805		10,000				HEALTH AND WELLNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEMPER FI PO BOX 161 MADISON, AL 35758	20-8935277		9,720				BASIC NEEDS
FOR LIFE MINISTRIES INC PO BOX 443 OWENS CROSS ROADS, AL 35763	45-2570404		9,300				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALING HANDS INTERNATIONAL 455 MCNALLY DRIVE NASHVILLE, TN 37211	62-1585366		8,204				BASIC NEEDS
MAKE A WISH FOUNDATION OF AL 400 VESTEVIA PKWY STE 402 BIRMINGHAM, AL 35216	86-0481941		8,000				BASIC NEEDS

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WEST POINT ASSOCIATION OF GRADUATES 698 MILLS ROAD WEST POINT, NY 10996	14-1260763		7,500				EDUCATION
PROMISE INC PO BOX 120028 MELBOURNE, FL 32912	90-0520600		7,500				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARRIAGE LIFE MINISTRIES 8772 CARRIAGE HOUSE WAY KNOXVILLE, TN 37923	82-1176437		7,500				RELIGION
BARON CRITICAL WEATHER INSTITUTE PO BOX 2165 HUNTSVILLE, AL 35804	82-4719040		100,000				EMERGENCY RESPONSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION GREEN TEAM FOUNDATION 3242 LEEMAN FERRY ROAD SW Huntsville, AL 35801	47-4459980		53,500				ENVIRONMENT
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188		50,000				EDUCATION\

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE HIGHLANDS 4700 HIGHLANDS WAY BIRMINGHAM, AL 35210	63-1258442		50,000				RELIGION RELATED
THE ELM FOUNDATION 7501 MEMORIAL PKWY SW HUNTSVILLE, AL 35802	46-0921239		50,000				BASIC NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAINT BERNARD ABBEY FOUNDATION 1600 BERNARD DRIVE CULLMAN, AL 35055	14-1854531		50,000				RELIGION RELATED
HUNTSVILLE CITY SCHOOLS 200 WHITE STREET HUNTSVILLE, AL 35801	63-6000813		45,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN PAUL II CATHOLIC HIGH SCHOOL 7301 OLD MADISON PIKE NW HUNTSVILLE, AL 35806	81-3572580		44,500				EDUCATION
ALABAMA CONSTITUTION VILLAGE FOUNDATION 404 MADISON ST SE HUNTSVILLE, AL 35801	63-1182396		40,000				LIFESTYLE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DUNAMIS INTERNATIONAL 15152 N FRANK LLOYD WRIGHT BLVD SCOTTSDALE, AZ 85260	81-2115091		37,000				CRISIS SERVICES

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number
26-3750673

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRIS RUSSELL	BOARD OF DIRECTORS	4,000,000	CRA INVESTMENT		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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 the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number
26-3750673

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	31	1,387,447	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not 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.

Return Reference	Explanation
Pt I Line 32b	INVESTMENT MANAGEMENT COMPANIES USED TO SELL DONATED STOCK

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number

26-3750673

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 11b	COPY OF 990 AND ANY ASSOCIATED INFORMATION IS DISTRIBUTED TO BOARD MEMBERS BOARD MEMBERS REVIEW THE RETURN PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 19	ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND POSTED TO GUIDESTAR FINANCIAL STATEMENTS ARE INCLUDED IN ANNUAL REPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 12c	CONFLICT OF INTEREST POLICY IS REVIEWED AND DISCLOSURE STATEMENT IS SIGNED ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 15a	EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA AND MAKES A RECOMMENDATION TO THE BOARD THE BOARD APPROVES THE PERSONNEL BUDGET ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 2	MEMBERS OF THE BOARD HAVE VARIOUS BUSINESS RELATIONSHIPS WITH OTHER BOARD MEMBERS ALL BUSINESS RELATIONSHIPS ARE CONDUCTED IN THE ORDINARY COURSE OF EITHER PARTY'S BUSINESS ON THE SAME TERMS AS GENERALLY OFFERED TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 3	THE ORGANIZATION OUTSOURCES ITS BACK OFFICE OPERATIONS TO GREATER HORIZONS, A SUPPORTING ORGANIZATION OF THE GREATER KANSAS CITY COMMUNITY FOUNDATION, A MISSOURI NONPROFIT ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	THE COMMUNITY FOUNDATION, THROUGH ITS WOMEN'S PHILANTHROPY SOCIETY, WORKS TO STRATEGICALLY 72365 70621 113097

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	ON SEPTEMBER 19, 2018, THE COMMUNITY FOUNDATION HOSTED ITS TENTH ANNUAL SUMMIT ON PHILANTHROPY 0 0 62990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	ON JUNE 21, 2018, THE COMMUNITY FOUNDATION HOSTED ITS FIFTH ANNUAL 0 0 25822