

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10-01-2019**, and ending **09-30-2020**

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

C Name of organization
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1340 13TH STREET

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, GA 319012345

D Employer identification number
58-2381589

E Telephone number
(706) 320-0027

F Name and address of principal officer:
BETSY W COVINGTON
1340 13TH STREET
COLUMBUS, GA 319012345

G Gross receipts \$ 57,530,104

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.CFCV.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998 **M** State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
HELPING MORE THAN 1,000 DONORS AND THEIR FAMILIES CREATE AND SUPPORT PHILANTHROPIC FUNDS TO MAKE CHARITABLE GIVING EASY, FAST AND EFFECTIVE.

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)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	31
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,666,129	31,219,162
9 Program service revenue (Part VIII, line 2g)	86,853	44,327
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,725,142	4,330,410
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,478,124	35,593,899
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,964,229	14,966,757
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	664,124	663,105
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶105,958		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	510,206	474,378
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,138,559	16,104,240
19 Revenue less expenses. Subtract line 18 from line 12	6,339,565	19,489,659

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	177,082,287	203,858,921
21 Total liabilities (Part X, line 26)	2,937,765	3,571,046
22 Net assets or fund balances. Subtract line 21 from line 20	174,144,522	200,287,875

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 2021-02-17

BETSY W COVINGTON PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00189493

Firm's name ▶ ROBINSON GRIMES & CO PC Firm's EIN ▶ 58-1374304

Firm's address ▶ PO BOX 4299 Phone no. (706) 324-5435
COLUMBUS, GA 31914

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:

THE COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY IS A NONPROFIT CHARITABLE ORGANIZATION DEDICATED TO STRENGTHENING OUR DIVERSE COMMUNITY FOR BOTH PRESENT AND FUTURE GENERATIONS. (CONTINUED ON SCHEDULE O) WE PROMOTE PHILANTHROPY, BUILD AND MAINTAIN A PERMANENT COLLECTION OF ENDOWMENT FUNDS, AND SERVE AS A TRUSTWORTHY PARTNER AND LEADER IN SHAPING EFFECTIVE RESPONSES TO COMMUNITY NEEDS AND OPPORTUNITIES.

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 \$ 15,156,273 including grants of \$ 14,966,757) (Revenue \$ 1,649,160)
See Additional Data

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

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

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

4e Total program service expenses ▶ 15,156,273

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 31	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	Yes
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

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 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 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?

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

Table with 5 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 GA 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. 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: BETSY COVINGTON 1340 13TH ST COLUMBUS, GA 319012345 (706) 320-0027

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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) W FRAY MCCORMICK TREASURER/CHAIR, INVESTMEN	1.00	X					0	0	0	
(2) ALAN F ROTHSCHILD JR GENERAL COUNSEL	1.00	X					0	0	0	
(3) WILLIAM J BURGIN CHAIR	1.00	X					0	0	0	
(4) MARQUETTE MCKNIGHT IMMEDIATE PAST CHAIR/BOARD	1.00	X					0	0	0	
(5) VICTORIA BARRETT TRUSTEE	1.00	X					0	0	0	
(6) JACKI W LOWE TRUSTEE	1.00	X					0	0	0	
(7) FREDERICK J CRAWFORD TRUSTEE	1.00	X					0	0	0	
(8) ISAIAH HUGLEY SECRETARY	1.00	X					0	0	0	
(9) CINDY B SPARKS TRUSTEE	1.00	X					0	0	0	
(10) DAVID M WHITE VICE CHAIR/DISTRIBUTIONS	1.00	X					0	0	0	
(11) GEORGE FLOWERS TRUSTEE	1.00	X					0	0	0	
(12) BEN RICHARDSON TRUSTEE	1.00	X					0	0	0	
(13) GWEN RUFF TRUSTEE	1.00	X					0	0	0	
(14) PAUL M TODD TRUSTEE	1.00	X					0	0	0	
(15) TRIP TOMLINSON TRUSTEE	1.00	X					0	0	0	
(16) JOHN TURNER TRUSTEE	1.00	X					0	0	0	
(17) WRIGHT WADDELL TRUSTEE	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ADRIAN J CHESTER TRUSTEE	1.00	X						0	0	0
(19) J LEN WILLIAMS TRUSTEE	1.00	X						0	0	0
(20) BETSY COVINGTON PRESIDENT & CHIEF EXECUTIV	40.00			X				186,984	0	15,251
(21) LEAH POOLE CFO	40.00					X		126,852	0	12,178
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								313,836	0	27,429

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		313,836	27,429

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ 273 CORPORATE DRIVE SUITE 250 PORTSMOUTH, NH 03801	INVESTMENT FEES	120,179

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,219,162				
	g Noncash contributions included in lines 1a - 1f: \$	1g	13,540,970				
	h Total. Add lines 1a-1f			31,219,162			
Program Service Revenue	2a CHANGE IN FAIR VALUE OF SPLIT INT	Business Code					
		900099	44,327	44,327			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.			44,327				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,725,577			2,725,577	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal	6a			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	23,541,038			
			(ii) Other	7a			
		b Less: cost or other basis and sales expenses	7b	21,936,205			
		c Gain or (loss)	7c	1,604,833			
	d Net gain or (loss)			1,604,833	1,604,833		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			35,593,899	1,649,160	0	2,725,577	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,933,190	14,933,190		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,567	33,567		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,277	33,246	147,804	19,227
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	377,675	62,694	278,744	36,237
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	42,663	7,082	31,487	4,094
10 Payroll taxes	42,490	7,053	31,359	4,078
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	7,814	7,814		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	223,880	37,165	165,223	21,492
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	27,000		27,000	
12 Advertising and promotion	38,020	6,311	28,060	3,649
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	48,381	8,032	35,706	4,643
17 Travel	2,534	421	1,870	243
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,179		7,179	
23 Insurance	8,986	1,492	6,632	862
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 SOFTWARE	46,885	7,783	34,603	4,499
b MISCELLANEOUS	30,493	5,062	22,505	2,926
c DUES & SUBSCRIPTIONS	19,188	3,185	14,162	1,841
d REPAIRS & MAINTENANCE	11,314	1,878	8,350	1,086
e All other expenses	2,704	298	1,325	1,081
25 Total functional expenses. Add lines 1 through 24e	16,104,240	15,156,273	842,009	105,958
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	226,300	1	329,106
	2 Savings and temporary cash investments	8,787,772	2	9,477,506
	3 Pledges and grants receivable, net	54,500	3	19,500
	4 Accounts receivable, net	3,180	4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	298,010		
	b Less: accumulated depreciation	273,786	31,403	10c 24,224
	11 Investments—publicly traded securities	55,794,097	11	53,621,198
	12 Investments—other securities. See Part IV, line 11	111,288,073	12	138,732,098
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	896,962	15	1,655,289
16 Total assets. Add lines 1 through 15 (must equal line 34)	177,082,287	16	203,858,921	
Liabilities	17 Accounts payable and accrued expenses	15,301	17	18,275
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,922,464	25	3,552,771
	26 Total liabilities. Add lines 17 through 25	2,937,765	26	3,571,046
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	172,893,060	27	199,027,086
	28 Net assets with donor restrictions	1,251,462	28	1,260,789
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	174,144,522	32	200,287,875	
33 Total liabilities and net assets/fund balances	177,082,287	33	203,858,921	

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	35,593,899
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,104,240
3	Revenue less expenses. Subtract line 2 from line 1	3	19,489,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,144,522
5	Net unrealized gains (losses) on investments	5	6,653,694
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	200,287,875

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:

Software Version:

EIN: 58-2381589

Name: COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE FOUNDATION RECEIVED \$31,219,162 IN CONTRIBUTION INCOME FROM APPROXIMATELY 1,067 DONORS DURING THE YEAR. IN ADDITION, GRANTS WERE DISPERSED TO APPROXIMATELY 703 RECIPIENTS TOTALING \$14,966,757.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY INC

Employer identification number
58-2381589

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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	20,942,204	23,982,359	18,469,396	14,976,129	25,767,501	104,137,589
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	20,942,204	23,982,359	18,469,396	14,976,129	25,767,501	104,137,589
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). . .						46,544,234
6	Public support. Subtract line 5 from line 4.						57,593,355

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	20,942,204	23,982,359	18,469,396	14,976,129	25,767,501	104,137,589
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,309,846	1,772,875	2,137,740	2,869,446	2,725,577	10,815,484
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						114,953,073

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 2019 (line 6, column (f) divided by line 11, column (f)) **14** 50.100 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 **15** 52.650 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 58-2381589

Name: COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY INC	Employer identification number 58-2381589
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		7,814
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			7,814
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE FOUNDATION PAID A \$4,630 GRANT TO VAN SCOYOC ASSOCIATES FOR THE FOUNDATION'S PUBLIC AWARENESS INITIATIVE. THE FOUNDATION PAID \$3,184 IN GRANTS FOR THE YOUTH INFRASTRUCTURE COALITION FUND FOR LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY INC

Employer identification number
58-2381589

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	240	50
2 Aggregate value of contributions to (during year)	27,130,193	3,876,706
3 Aggregate value of grants from (during year)	11,192,025	3,495,993
4 Aggregate value at end of year	159,140,799	34,173,746

- 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	163,138,764	157,180,702	143,772,263	118,126,466	96,858,707
b Contributions	21,580,312	8,885,689	9,135,419	15,648,194	19,512,117
c Net investment earnings, gains, and losses	12,413,187	3,397,482	9,833,467	13,931,086	7,800,175
d Grants or scholarships	7,006,421	5,544,945	4,519,949	2,977,124	5,295,737
e Other expenditures for facilities and programs	799,943	780,164	1,040,498	956,359	748,796
f Administrative expenses					
g End of year balance	189,325,899	163,138,764	157,180,702	143,772,263	118,126,466

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 99.800 %
 - b** Permanent endowment ▶ 0.200 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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 | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		163,252	155,250	8,002
d Equipment		134,758	118,536	16,222
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				24,224

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) VANGUARD 500 INDEX FUND	21,092,882	F
(B) VANGUARD STAR FUND TOTAL INTL STOCK INDEX	26,338,546	F
(C) VANGUARD INDEX FUNDS TOTAL STOCK	28,326,300	F
(D) ALTERNATIVE INVESTMENTS	62,974,370	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	138,732,098	

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ORGANIZATION FUNDS	3,552,771
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,552,771

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	42,023,713
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,653,694
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-223,880
e	Add lines 2a through 2d	2e	6,429,814
3	Subtract line 2e from line 1	3	35,593,899
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	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	35,593,899

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	15,880,360
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	15,880,360
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	223,880
c	Add lines 4a and 4b	4c	223,880
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,104,240

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:

Software Version:

EIN: 58-2381589

Name: COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED BY THE ORGANIZATION AS RECOMMENDED BY THE DONOR AND/OR FOR THE PURPOSES OF THE ORGANIZATION'S MISSION, WHICH IS TO STRENGTHEN OUR DIVERSE COMMUNITY FOR BOTH PRESENT AND FUTURE GENERATIONS BY PROMOTING PHILANTHROPY, BUILDING AND MAINTAINING A PERMANENT COLLECTION OF ENDOWMENT FUNDS, AND SERVING AS A TRUSTWORTHY PARTNER AND LEADER IN SHAPING EFFECTIVE RESPONSES TO COMMUNITY NEEDS AND OPPORTUNITIES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	PART X, LINE 2: FIN 48 FOOTNOTE: GAAP REQUIRES MANAGEMENT TO EVALUATE POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS") OR STATE OR LOCAL TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES -223,880.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES 223,880.

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

2019

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 THE CHATTAHOOCHEE VALLEY INC

Employer identification number

58-2381589

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of 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.

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 232
3 Enter total number of other organizations listed in the line 1 table 11

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) PARKS MEMORIAL PUBLIC LIBRARY MURALS	1	9,000			
(2) SUBSTANCE ABUSE COUNSELING	1	5,830			
(2)					
(3)					
(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

Additional Data

Software ID:
Software Version:
EIN: 58-2381589
Name: COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

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
COLUMBUS CONSOLIDATED GOVERNMENT PO BOX 1340 COLUMBUS, GA 319021340	58-1097948	170(C)(1)	17,239				MAYOR'S GOOD, BAD & UGLY TOUR
COLUMBUS STATE UNIVERSITY- FINANCIAL AID OFFICE 4225 UNIVERSITY AVENUE COLUMBUS, GA 31907	58-6011208	170(C)(1)	13,000				SCHOLARSHIPS

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
DIVISION FOR FAMILY AND CHILDREN SERVICES (DFACS) PO BOX 2627 COLUMBUS, GA 319022627	58-6001058	170(C)(1)	25,990				FOSTER CARE SUPPORTIVE FUNDING ACTIVITIES
GEORGIA SOUTHERN UNIVERSITY POST OFFICE BOX 8065 STATESBORO, GA 304608065	58-6002059	170(C)(1)	6,750				SCHOLARSHIPS

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
GEORGIA STATE UNIVERSITY PO BOX 5099 ATLANTA, GA 30302	58-6002050	170(C)(1)	7,682				SCHOLARSHIPS
HARRIS COUNTY SCHOOL DISTRICT 132 BARNES MILL ROAD HAMILTON, GA 31811	58-6000260	170(C)(1)	9,046				EQUIPMENT FOR VISUALLY IMPAIRED STUDENTS

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
MUSCOGEE COUNTY SCHOOL DISTRICT 1400 1ST AVENUE COLUMBUS, GA 31901	58-6000143	170(C)(1)	5,000				DOWNTOWN ELEMENTARY FINE ARTS PROGRAMS
MUSCOGEE COUNTY SCHOOL DISTRICT PO BOX 2427 COLUMBUS, GA 319022427	58-6000143	170(C)(1)	16,997				MULTIPLE SUPPORT

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
RUSSELL COUNTY SCHOOL DISTRICT PO BOX 400 PHENIX CITY, AL 36867	63-6001054	170(C)(1)	30,000				LADONIA ELEMENTARY SCHOOL STEM LAB
ACTION INC 180 MAIN ST GLOUCESTER, MA 019306002	04-2389332	501(C)(3)	10,000				COVID 19 EMERGENCY FUND

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
ADVENTURES IN MISSIONS INC PO BOX 742570 ATLANTA, GA 30374	65-0133113	501(C)(3)	5,100				MISSIONARY SUPPORT
AFRICA RURAL MISSION COLUMBUS ASSOCIATION 6815 CREEKVIEW CT COLUMBUS, GA 319043320	58-2492841	501(C)(3)	10,000				CHARITABLE DONATION

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
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION INC 5156 RIVER RD COLUMBUS, GA 31904	13-3039601	501(C)(3)	40,750				MULTIPLE SUPPORT
AMERICAN RED CROSS OF SOUTHWEST GEORGIA 6501 VETERANS PARKWAY COLUMBUS, GA 31909	53-0196605	501(C)(3)	14,500				MULTIPLE SUPPORT

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 RED CROSS METROPOLITAN ATLANTA CHAPTER PO BOX 105783 ATLANTA, GA 303485783	53-0196605	501(C)(3)	5,000				MULTIPLE SUPPORT
ANCIENT WAY FARMS INC 799 MAYO ROAD ELLERSLIE, GA 31807	84-1913833	501(C)(3)	5,000				GENERAL DONATION

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
ANDREW COLLEGE 501 COLLEGE ST CUTHBERT, GA 398405550	58-0568687	501(C)(3)	52,750				MULTIPLE SUPPORT
ASBURY THEOLOGICAL SEMINARY 204 N LEXINGTON AVE WILMORE, KY 403901129	61-0445823	501(C)(3)	5,000				CHARITABLE DONATION

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
ATLANTA CENTER FOR SELF SUFFICIENCY INC 18 WILLIAM HOLMES BORDERS DR NE ATLANTA, GA 30312	58-1479816	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION
ATLANTA CHILDREN'S SHELTER PO BOX 54322 ATLANTA, GA 303080322	58-1675299	501(C)(3)	10,000				ANNUAL CHARITABLE GIVING

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
ATLANTA COMMUNITY FOOD BANK INC 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	39,500				CHARITABLE DONATION
ATLANTA HISTORICAL SOCIETY INC 130 W PACES FERRY RD NW ATLANTA, GA 303051380	58-0566162	501(C)(3)	15,000				MULTIPLE SUPPORT

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
ATLANTA RONALD MCDONALD HOUSE CHARITIES INC 795 GATEWOOD RD NE ATLANTA, GA 303294200	58-1295754	501(C)(3)	6,000				GENERAL DONATION
ATLANTA SPEECH SCHOOL INC 3160 NORTHSIDE PARKWAY NW ATLANTA, GA 303271555	58-0566198	501(C)(3)	6,500				MULTIPLE SUPPORT

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

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ATLANTA UNION MISSION CORPORATION PO BOX 20017 ATLANTA, GA 30325	58-0572430	501(C)(3)	10,000				MULTIPLE SUPPORT
ATLANTA YOUTH ACADEMIES FOUNDATION INC PO BOX 18237 ATLANTA, GA 303160237	58-2554519	501(C)(3)	42,600				MULTIPLE SUPPORT

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
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET AUBURN, AL 368495149	63-6022422	501(C)(3)	31,000				MULTIPLE SUPPORT
BEGIN AGAIN FARMS INC PO BOX 242 HAMILTON, GA 318110242	58-2350261	501(C)(3)	10,750				GENERAL DONATION

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

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BETH SALEM PRESBYTERIAN CHURCH (PCUSA) 4253 ST MARYS RD COLUMBUS, GA 31907	23-6393377	501(C)(3)	5,500				2F5L FOOD PANTRY
BETHANY CHRISTIAN SERVICE 6645 PEACHTREE DUNWOODY RD NE ATLANTA, GA 30328	31-1284895	501(C)(3)	5,000				PROVIDE FINANCIAL ASSISTANCE TO FOSTER FAMILIES IMPACTED BY THE CORONAVIRUS

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
BOBBY JONES GOLF COURSE FOUNDATION INC 2560 BROOKDALE DR NW ATLANTA, GA 303053556	81-0778972	501(C)(3)	12,500				GENERAL DONATION
BONEFISH & TARPON TRUST INC 2937 SW 27TH AVENUE MIAMI, FL 33133	65-0988321	501(C)(3)	5,000				ANNUAL FUND

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

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BOY SCOUTS OF AMERICA CHATTAHOOCHEE COUNCIL 1237 1ST AVENUE COLUMBUS, GA 319015283	58-0601576	501(C)(3)	7,300				MULTIPLE SUPPORT
BOYS AND GIRLS CLUBS OF METRO ATLANTA INC 1275 PEACHTREE STREET NE ATLANTA, GA 303093509	58-0566123	501(C)(3)	16,000				MULTIPLE SUPPORT

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

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BOYS AND GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY INC 1700 BUENA VISTA RD COLUMBUS, GA 319063003	58-1174393	501(C)(3)	181,750				MULTIPLE SUPPORT
BREVARD MUSIC CENTER INCORPORATED PO BOX 312 BREVARD, NC 287120312	56-0729350	501(C)(3)	7,500				GENERAL DONATION

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

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BROOKSTONE SCHOOL INC 440 BRADLEY PARK DRIVE COLUMBUS, GA 319042901	58-6003670	501(C)(3)	136,450				MULTIPLE SUPPORT
CAMP TWIN LAKES INC 1100 SPRING ST NW ATLANTA, GA 303092826	58-1826782	501(C)(3)	10,000				ANNUAL CHARITABLE DONATION

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

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CAMP VIOLA INC PO BOX 716 LAGRANGE, GA 302410012	58-6055245	501(C)(3)	8,500				CAMP VIOLA, FOSTER CARE RESPITE CAMPS, AND OPERATING FUNDS
CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 328628222	95-6006173	501(C)(3)	10,000				MISSIONARY SUPPORT

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

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CARE- COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC PO BOX 1870 MERRIFIELD, VA 221168070	13-1685039	501(C)(3)	5,000				COVID-19 RESPONSE
CASA GLYNN INC PO BOX 145 BRUNSWICK, GA 315210145	58-2176608	501(C)(3)	8,500				GENERAL DONATION

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
CASHIERS UNITED METHODIST CHURCH PO BOX 162 CASHIERS, NC 28717	51-0146727	501(C)(3)	5,500				GENERAL DONATION
CHATTAHOOCHEE RIVERKEEPER INC 916 JOSEPH LOWERY ROAD ATLANTA, GA 303185280	58-2095413	501(C)(3)	12,000				MULTIPLE SUPPORT

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

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CHATTAHOOCHEE RIVERWARDEN PO BOX 985 COLUMBUS, GA 319020985	27-3209716	501(C)(3)	43,450				MULTIPLE SUPPORT
CHATTAHOOCHEE VALLEY EPISCOPAL MINISTRY INC PO BOX 5811 COLUMBUS, GA 31906	58-1480175	501(C)(3)	65,000				PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS (RENT, UTILITIES, TRANSPORTATION, AND OTHER ESSENTIAL SERVICES).

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
CHILD FUND INTERNATIONAL PO BOX 26484 RICHMOND, VA 23261	54-0536100	501(C)(3)	10,000				ANNUAL CHARITABLE DONATION: CHILDREN'S GREATEST NEEDS FUND
CHILDREN'S HARBOR INC 1 OUR CHILDRENS HWY ALEXANDER CITY, AL 350108620	57-0892070	501(C)(3)	6,100				MULTIPLE SUPPORT

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

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CHILDREN'S HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	58-1710601	501(C)(3)	109,249				MULTIPLE SUPPORT
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD KANSAS CITY, MO 641084619	44-0605373	501(C)(3)	7,610				PEDIATRIC ONCOLOGY

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
CHRIS 180 INC 1017 FAYETTEVILLE RD ATLANTA, GA 303162932	58-1430183	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION
CHRIST CENTRAL DURHAM 807 E MAIN STREET DURHAM, NC 27701	37-1705300	501(C)(3)	8,000				COVID-19 RELIEF FUND

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

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CHRIST COMMUNITY CHURCH 4078 MILGEN RD COLUMBUS, GA 319071298	58-2330838	501(C)(3)	23,400				MULTIPLE SUPPORT
CHURCH OF THE HIGHLANDS INC 3660 GRANDVIEW PKWY BIRMINGHAM, AL 352433339	63-1258442	501(C)(3)	19,000				COLUMBUS, GA CAMPUS

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
COLUMBUS ALLIANCE FOR REGIONAL INVESTMENT INC 1200 6TH AVENUE COLUMBUS, GA 319012613	58-2636611	501(C)(3)	22,000				SUPPORT THE CHARITABLE EFFORTS OF THE CHAMBER
COLUMBUS BAPTIST ASSOCIATION 3679 STEAM MILL ROAD COLUMBUS, GA 31906	58-0566245	501(C)(3)	30,000				RELIEF FUND

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

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COLUMBUS ECONOMIC DEVELOPMENT CORPORATION 1200 6TH AVENUE COLUMBUS, GA 319012613	58-2014651	501(C)(3)	26,250				MULTIPLE SUPPORT
COLUMBUS HIGH SCHOOL ALUMNI ASSOCIATION INC PO BOX 5353 COLUMBUS, GA 31906	26-4350626	501(C)(3)	25,016				ANNUAL DISBURSEMENT

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

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COLUMBUS HOSPICE INC 7020 MOON RD COLUMBUS, GA 319094900	58-1385395	501(C)(3)	43,100				MULTIPLE SUPPORT
COLUMBUS PHILHARMONIC GUILD INC PO BOX 1499 COLUMBUS, GA 319021499	58-6046789	501(C)(3)	56,529				MULTIPLE SUPPORT

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

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COLUMBUS REGIONAL MEDICAL FOUNDATION INC 707 CENTER STREET COLUMBUS, GA 319011575	58-1501642	501(C)(3)	1,265,250				MULTIPLE SUPPORT
COLUMBUS REGIONAL TENNIS ASSOCIATION INC (CORTA) PO BOX 8236 COLUMBUS, GA 319088236	58-6043414	501(C)(3)	6,000				GENERAL DONATION

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

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COLUMBUS SCHOLARS INC 1014 GRAMERCY DR MIDLAND, GA 318203470	83-3069094	501(C)(3)	36,835				OPERATING EXPENSES
COLUMBUS STATE UNIVERSITY FOUNDATION INC 4225 UNIVERSITY AVE COLUMBUS, GA 319075645	58-6043198	501(C)(3)	320,950				MULTIPLE SUPPORT

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
COLUMBUS TECHNICAL COLLEGE FOUNDATION 928 MANCHESTER EXPRESSWAY COLUMBUS, GA 319046572	58-1873978	501(C)(3)	5,000				ASSOCIATE'S DEGREE NURSING PROGRAM
COMMUNITIES OF COASTAL GEORGIA FOUNDATION 1626 FREDERICA ROAD ST SIMONS ISLAND, GA 31522	20-2454729	501(C)(3)	16,281				MULTIPLE SUPPORT

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COMMUNITY BIBLE CHURCH OF HIGHLANDS INC PO BOX 2916 HIGHLANDS, NC 287412916	56-1431857	501(C)(3)	5,000				GENERAL DONATION
COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA INC 245 RIVERSIDE AVE JACKSONVILLE, FL 32202	59-6150746	501(C)(3)	314,484				MULTIPLE SUPPORT

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COMMUNITY FOUNDATION OF TAMPA BAY INC 4300 W CYPRESS STREET TAMPA, FL 33607	59-3001853	501(C)(3)	37,698				MULTIPLE SUPPORT
COMMUNITY RESOURCE CENTER OF CHATTOOGA INC P O BOX 222 SUMMERVILLE, GA 307470222	81-4224565	501(C)(3)	5,000				CHATTOOGA COUNTY FOOD BANK

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COWETA FALLS STEEPLECHASE INC 1747 WARM SPRINGS ROAD COLUMBUS, GA 319048026	58-1650923	501(C)(3)	35,000				GENERAL DONATION
DAVIDSON COLLEGE PO BOX 7170 DAVIDSON, NC 280357170	56-0529961	501(C)(3)	10,000				CLASS OF 1999 ENDOWED SCHOLARSHIP

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DO GOOD FUND INC PO BOX 1199 COLUMBUS, GA 319021199	45-5236209	501(C)(3)	113,500				GENERAL DONATION
DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN, MD 217415030	13-3433452	501(C)(3)	20,000				ANNUAL CHARITABLE DONATION

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DRAGONFLY TRAILS INC PO BOX 2666 COLUMBUS, GA 319022666	84-2842269	501(C)(3)	97,972				OPERATING EXPENSES
DUCKS UNLIMITED INC ONE WATERFOWL WAY MEMPHIS, TN 381202350	13-5643799	501(C)(3)	10,375				MULTIPLE SUPPORT

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DUKE UNIVERSITY 710 WEST MAIN STREET DURHAM, NC 27705	56-0532129	501(C)(3)	5,305				MULTIPLE SUPPORT
EASTER SEALS WEST GEORGIA INC PO BOX 1690 FORTSON, GA 31808	58-1919206	501(C)(3)	131,450				MULTIPLE SUPPORT

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ELAINE CLARK CENTER FOR THE GROWTH & DEVELOPMENT OF EXCEPTIONAL CHILDREN 5130 PEACHTREE IND BLVD CHAMBLEE, GA 303412722	58-1079411	501(C)(3)	10,000				THE FRANK CLARK MEMORIAL SCHOLARSHIP FUND
EMORY UNIVERSITY OFFICE OF GIFT ACCOUNTING 1762 CLIFTON ROAD ATLANTA, GA 303224250	58-0566256	501(C)(3)	158,750				MULTIPLE SUPPORT

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

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EPWORTH BY THE SEA INC PO BOX 20407 ST SIMONS ISLAND, GA 315220007	58-0830633	501(C)(3)	9,000				GENERAL DONATION
FAMILIES FIRST INC 80 JOSEPH E LOWERY BLVD NW ATLANTA, GA 303143421	58-1054331	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION

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FEEDING THE VALLEY INC PO BOX 8904 COLUMBUS, GA 31908	58-1498131	501(C)(3)	207,750				MULTIPLE SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 8361 COLUMBUS, GA 31908	44-0610626	501(C)(3)	7,100				GENERAL DONATION

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FELLOWSHIP OF CHRISTIANS UNITED FOR SERVICE (FOCUS) PO BOX 524 HAMILTON, GA 318110524	58-1747756	501(C)(3)	9,000				TO SUPPORT THE AGENCY IN PURCHASING FOOD AND PROVIDING UTILITY ASSISTANCE FOR CLIENTS.
FIRST BAPTIST CHURCH OF COLUMBUS GA PO BOX 828 COLUMBUS, GA 319020828	58-0669986	501(C)(3)	32,150				MULTIPLE SUPPORT

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FIRST BAPTIST MONROEVILLE 389 PINEVILLE ROAD MONROEVILLE, AL 36460	63-0415551	501(C)(3)	5,000				CHARITABLE DONATION
FIRST PRESBYTERIAN CHURCH 1100 FIRST AVENUE COLUMBUS, GA 31901	58-0665891	501(C)(3)	65,500				MULTIPLE SUPPORT

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FIRST TEE OF ATLANTA INC 1053 CASCADE CIRCLE SW ATLANTA, GA 303112817	58-2414794	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION
FIX GEORGIA PETS INC 3522 ASHFORD DUNWOODY ROAD ATLANTA, GA 303192002	45-5492739	501(C)(3)	6,000				GENERAL DONATION

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FOCUS ON TRUTH INC PO BOX 5367 COLUMBUS, GA 319060367	58-1526641	501(C)(3)	5,000				GENERAL DONATION
FOOD BANK OF EAST ALABAMA INC 355 INDUSTRY DR AUBURN, AL 368324274	63-1112492	501(C)(3)	10,000				GENERAL DONATION

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FRED HASKINS COMMISSION INC 2610 CHEROKEE AVENUE COLUMBUS, GA 31906	26-3102950	501(C)(3)	24,375				MULTIPLE SUPPORT
GEORGES RIVER LAND TRUST 8 NORTH MAIN STREET ROCKLAND, ME 048413154	01-0424837	501(C)(3)	5,000				WESKEAG MARSH-BOB O LINK TRAIL

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

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GEORGIA CENTER FOR OPPORTUNITY INC 333 RESEARCH COURT PEACHTREE CORNERS, GA 300927000	58-1928520	501(C)(3)	8,500				GENERAL DONATION
GEORGIA TRUST FOR HISTORIC PRESERVATION INC 1516 PEACHTREE STREET NW ATLANTA, GA 303092908	23-7357226	501(C)(3)	7,500				MULTIPLE SUPPORT

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GEORGIA WOMEN OF ACHIEVEMENT INC 4760 FORSYTH RD MACON, GA 312104407	58-1949306	501(C)(3)	5,000				GENERAL DONATION
GEORGIA-ALABAMA LAND TRUST INC 226 OLD LADIGA RD PIEDMONT, AL 362721467	58-2069352	501(C)(3)	21,500				MULTIPLE SUPPORT

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GIRLS INC OF COLUMBUS AND PHENIX-RUSSELL PO BOX 3096 COLUMBUS, GA 319030096	58-6011441	501(C)(3)	40,892				MULTIPLE SUPPORT
GLOBAL TEEN CHALLENGE INC P O BOX 511 COLUMBUS, GA 319020511	59-3302759	501(C)(3)	76,500				MULTIPLE SUPPORT

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GRACE PRESBYTERIAN CHURCH OF COLUMBUS INC PO BOX 4747 COLUMBUS, GA 319140747	47-3909321	501(C)(3)	5,000				GENERAL DONATION
GREATER COLUMBUS SPORTS & EVENTS COUNCIL INC PO BOX 1519 COLUMBUS, GA 319021519	31-1534813	501(C)(3)	10,000				SOUTH COMMONS/COLUMBUS GA SPORTS COUNCIL CAMPAIGN FOR IMPROVEMENTS

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GROUNDTRUTH PROJECT INC 10 GUEST STREET BOSTON, MA 021352066	46-0908502	501(C)(3)	40,000				LEDGER-ENQUIRER, REPORT FOR AMERICA: COLUMBUS, GA
HANDS ON ATLANTA INC 600 MEANS STREET NW ATLANTA, GA 303185732	58-1861026	501(C)(3)	10,000				ANNUAL CHARITABLE DONATION

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HARBOR SPRINGS LYRIC THEATRE PO BOX 345 HARBOR SPRINGS, MI 49740	46-5537766	501(C)(3)	5,000				GENERAL DONATION
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560	501(C)(3)	5,000				GENERAL DONATION

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HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVENUE SOUTH STE 132B MINNEAPOLIS, MN 55407	36-3359386	501(C)(3)	16,281				MULTIPLE SUPPORT
HEART FOR AFRICA INC PO BOX 1308 ROSWELL, GA 300771308	36-4509500	501(C)(3)	10,000				GENERAL DONATION

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HISTORIC COLUMBUS FOUNDATION INC PO BOX 5312 COLUMBUS, GA 319060312	58-1051916	501(C)(3)	87,700				MULTIPLE SUPPORT
HISTORIC WESTVILLE INC PO BOX 3442 COLUMBUS, GA 319030442	58-1048435	501(C)(3)	21,879				MULTIPLE SUPPORT

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HOPE HARBOUR INC PO BOX 4182 COLUMBUS, GA 319140182	58-1399257	501(C)(3)	39,000				MULTIPLE SUPPORT
HOPE HEALS 4279 ROSWELL ROAD NE ATLANTA, GA 30342	46-2623503	501(C)(3)	7,000				MULTIPLE SUPPORT

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HOUSE OF HEROES INC 1225 WEBSTER AVE COLUMBUS, GA 319012605	58-2641724	501(C)(3)	17,000				CHARITABLE DONATION DESIGNATED FOR THE EFFORT TO ORGANIZE CHAPTERS BEYOND COLUMBUS.
HOUSE OF MERCY 1532 THIRD AVENUE COLUMBUS, GA 319011813	58-2190692	501(C)(3)	31,694				GENERAL DONATION

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HOUSE OF T I M E INCORPORATED 1200 WYNNTON RD COLUMBUS, GA 319062811	58-1995951	501(C)(3)	41,888				MULTIPLE SUPPORT
HUMANE SOCIETY OF HARRIS COUNTY INC 3938 BARNES MILL ROAD HAMILTON, GA 318115439	58-2020386	501(C)(3)	5,000				MULTIPLE SUPPORT

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HUMANE SOCIETY OF SOUTH COASTAL GEORGIA INC 4627 US 17N BRUNSWICK, GA 315255011	58-6073265	501(C)(3)	11,500				MULTIPLE SUPPORT
INTERNATIONAL FRIENDSHIP MINISTRIES 3404 UNIVERSITY AVE COLUMBUS, CA 919070000	58-2245017	501(C)(3)	16,500				MULTIPLE SUPPORT

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JOHNS HOPKINS UNIVERSITY 3400 NORTH CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	5,000				MULTIPLE SUPPORT
JOHNS HOPKINS UNIVERSITY 750 EAST PRATT ST BALTIMORE, MD 21202	52-0595110	501(C)(3)	1,305				MULTIPLE SUPPORT

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KENTLER INTERNATIONAL DRAWING SPACE INC 353 VAN BRUNT ST BROOKLYN, NY 112311245	11-3621398	501(C)(3)	45,000				GENERAL DONATION
LAGRANGE ACADEMY INC 1501 VERNON ROAD LAGRANGE, GA 302404146	58-1087459	501(C)(3)	7,885				MULTIPLE SUPPORT

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LAGRANGE ART MUSEUM INC 112 LAFAYETTE PKWY LAGRANGE, GA 302403209	58-6045805	501(C)(3)	22,228				MULTIPLE SUPPORT
LAGRANGE COLLEGE 601 BROAD STREET LAGRANGE, GA 302402955	58-0566199	501(C)(3)	15,500				MULTIPLE SUPPORT

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LAGRANGE SYMPHONY ORCHESTRA INC PO BOX 2321 LAGRANGE, GA 30241	58-1902569	501(C)(3)	28,885				MULTIPLE SUPPORT
LEE COUNTY HISTORICAL SOCIETY PO BOX 206 LOACHAPOKA, AL 368650206	23-7227476	501(C)(3)	5,000				BACK IN TIME

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LIFELINE ANIMAL PROJECT INC PO BOX 15466 ATLANTA, GA 303330466	01-0599278	501(C)(3)	5,000				GENERAL DONATION
LITERACY ACTION INC 231 PEACHTREE STREET NE ATLANTA, GA 303031603	58-1053728	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION

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MAKE-A-WISH FOUNDATION OF GEORGIA INC 1775 THE EXCHANGE SE ATLANTA, GA 303392016	58-2146828	501(C)(3)	11,300				GENERAL DONATION
MEALS ON WHEELS ATLANTA INC 1705 COMMERCE DRIVE NW ATLANTA, GA 303183107	58-0960309	501(C)(3)	5,000				CHARITABLE DONATION

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MELANOMA RESEARCH FOUNDATION 1420 K STREET NW 7TH FLOOR WASHINGTON, DC 20005	76-0514428	501(C)(3)	5,000				JAM FOR CAM
MERCYMED OF COLUMBUS 3702 2ND AVE COLUMBUS, GA 319047408	27-5011913	501(C)(3)	96,500				MULTIPLE SUPPORT

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MERIWETHER HEALTH PROPERTIES INC P O BOX 8 WARM SPRINGS, GA 318300008	26-1150091	501(C)(3)	90,155				10 HOSPITAL BEDS
MERRIE WOODE FOUNDATION INC 100 MERRIE-WOODE ROAD SAPPHIRE, NC 287749621	62-1055955	501(C)(3)	5,000				GENERAL DONATION

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METRO ATLANTA SALVATION ARMY 1000 CENTER PLACE NORCROSS, GA 30093	58-0660607	501(C)(3)	5,000				GENERAL DONATION
MICAHS PROMISE INC 223 12TH STREET COLUMBUS, GA 319012462	82-3172349	501(C)(3)	38,500				MULTIPLE SUPPORT

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MIDTOWN FELLOWSHIP 1819 TAYLOR ST COLUMBIA, SC 292013541	84-1690969	501(C)(3)	9,000				MULTIPLE SUPPORT
MIDTOWN INC 1236 WILDWOOD AVE COLUMBUS, GA 319062538	20-4713174	501(C)(3)	98,492				MULTIPLE SUPPORT

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MT ZION BAPTIST CHURCH 4096 E CHEROKEE DR CANTON, GA 301159212	58-1537663	501(C)(3)	8,000				GENERAL DONATION
NAOMI'S VILLAGE INC PO BOX 270057 FLOWER MOUND, TX 750270057	45-5242323	501(C)(3)	13,000				MULTIPLE SUPPORT

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
NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC 11625 RAINWATER DRIVE ALPHARETTA, GA 300098678	58-1493949	501(C)(3)	2,000,000				SHEPHERD FUND
NATIONAL INFANTRY MUSEUM FOUNDATION INC 1775 LEGACY WAY COLUMBUS, GA 319033674	58-2422819	501(C)(3)	52,200				MULTIPLE SUPPORT

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

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NATIONAL PARK FOUNDATION 110 VERMONT AVE WASHINGTON, DC 200253544	52-1086761	501(C)(3)	5,000				CHAMPIONS SOCIETY
NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES 2600 VIRGINIA AVE NW WASHINGTON, DC 200371905	53-0210807	501(C)(3)	5,250				MULTIPLE SUPPORT

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NEIGHBORHOOD COOPERATIVE MINISTRIES INC PO BOX 1489 NORCROSS, GA 300911498	58-1792414	501(C)(3)	5,000				ANNUAL CHARITABLE GIVING
NEIGHBORWORKS COLUMBUS PO BOX 1620 COLUMBUS, GA 31902	58-2498678	501(C)(3)	14,000				FINANCIAL FITNESS EDUCATION PROJECT

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

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NEW HORIZONS AREA MH-MR-SA PROGRAM PO BOX 5328 COLUMBUS, GA 319060328	58-2108870	501(C)(3)	8,520				MULTIPLE SUPPORT
NEW HORIZONS FOUNDATION INC 5550 TECH CENTER COLORADO SPRINGS, CO 809192308	84-1123082	501(C)(3)	7,000				CENTER FOR TEACHER RENEWAL

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NEW LIFE DELIVERANCE MINISTRIES PO BOX 476 EUFAULA, AL 36072	94-3485765	501(C)(3)	6,000				FUNDS AS NEEDED AT DISCRETION OF PASTOR
NORTH STAR FUND INC 520 EIGHTH AVENUE NEW YORK, NY 100184170	13-2950801	501(C)(3)	16,281				MULTIPLE SUPPORT

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

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NORTHSIDE UNITED METHODIST CHURCH 2799 NORTHSIDE DRIVE NW ATLANTA, GA 30305	58-1972662	501(C)(3)	45,000				MULTIPLE SUPPORT
NORWICH UNIVERSITY 158 HARMON DRIVE NORTHFIELD, VT 05663	03-0179424	501(C)(3)	6,500				MULTIPLE SUPPORT

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OMEGA LAMBDA SOCIAL ACTION AND SCHOLARSHIP FOUNDATION INC PO BOX 6134 COLUMBUS, GA 31917	58-2656816	501(C)(3)	16,000				TO SUPPORT THE PRODUCTION AND INSTALLATION COSTS ASSOCIATED WITH THE MARTIN LUTHER KING, JR., OUTDOOR LEARNING TRAIL
OPEN DOOR COMMUNITY HOUSE INC 2405 2ND AVENUE COLUMBUS, GA 319011023	58-0601980	501(C)(3)	27,500				MULTIPLE SUPPORT

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

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OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH INC 381 RIVERSIDE DR FRANKLIN, TN 370648934	58-1375506	501(C)(3)	7,000				MULTIPLE SUPPORT
PARKINSONS FOUNDATION INC 1359 BROADWAY NEW YORK, NY 100187687	13-1866796	501(C)(3)	28,500				MULTIPLE SUPPORT

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PASSION CITY CHURCH 515 GARSON DRIVE NE ATLANTA, GA 30324	27-1721038	501(C)(3)	5,000				PASSION CITY CHURCH - 515
PASTORAL INSTITUTE INC 2022 FIFTEENTH AVE COLUMBUS, GA 319011608	58-0647764	501(C)(3)	52,338				MULTIPLE SUPPORT

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PAWS HUMANE INC 4900 MILGEN RD COLUMBUS, GA 319071345	58-2513501	501(C)(3)	20,000				MULTIPLE SUPPORT
PEACHTREE PRESBYTERIAN PRE-SCHOOL INC 3434 ROSWELL RD NW ATLANTA, GA 303051202	52-2031566	501(C)(3)	13,500				MULTIPLE SUPPORT

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PEACHTREE ROAD UNITED METHODIST CHURCH 3180 PEACHTREE RD NW ATLANTA, GA 30305	58-0655363	501(C)(3)	24,595				MULTIPLE SUPPORT
PHOEBE FOUNDATION INC P O BOX 3770 ALBANY, GA 317063770	58-1847104	501(C)(3)	6,000				MULTIPLE SUPPORT

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PIEDMONT HEALTHCARE FOUNDATION INC 2001 PEACHTREE ROAD NE ATLANTA, GA 303091476	58-1272768	501(C)(3)	15,000				MULTIPLE SUPPORT
PORT COLUMBUS CIVIL WAR NAVAL CENTER INC 1002 VICTORY DRIVE COLUMBUS, GA 319011022	58-1487274	501(C)(3)	10,850				GENERAL DONATION

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PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 292012913	57-0725699	501(C)(3)	7,019				MULTIPLE SUPPORT
RADIUS BOOKS INC 227 E PALACE AVE STE W SANTA FE, NM 875012043	14-1997383	501(C)(3)	10,000				MULTIPLE SUPPORT

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REFLECTIONS MINISTRIES INC ONE PIEDMONT CENTER ATLANTA, GA 303058204	58-2018496	501(C)(3)	5,000				GENERAL DONATION
RESTORATION HOUSE MINISTRIES OF ALABAMA PO BOX 693 SMITHS STATION, AL 36877	83-0843981	501(C)(3)	11,000				GENERAL DONATION

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RIGHT FROM THE START PO BOX 550 COLUMBUS, GA 31902	82-1455687	501(C)(3)	7,124				GENERAL DONATION
RIVERCENTER INC PO BOX 2425 COLUMBUS, GA 319022425	58-2305233	501(C)(3)	208,330				MULTIPLE SUPPORT

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ROAD SAFE AMERICA INC PO BOX 191502 ATLANTA, GA 311191502	20-0266556	501(C)(3)	5,500				MULTIPLE SUPPORT
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 303093502	58-0633971	501(C)(3)	13,575				MULTIPLE SUPPORT

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ROLLINS COLLEGE 1000 HOLT AVENUE - 2755 WINTER PARK, FL 327894499	59-0624440	501(C)(3)	22,400				MULTIPLE SUPPORT
SAFEHOUSE MINISTRIES 2101 HAMILTON RD COLUMBUS, GA 31904	26-4503737	501(C)(3)	15,980				MULTIPLE SUPPORT

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SAFEHOUSE OUTREACH INC 89 ELLIS ST NE ATLANTA, GA 303032402	58-2130936	501(C)(3)	5,000				YOUTH OUTREACH PROGRAM
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 286073000	58-1437002	501(C)(3)	5,000				MULTIPLE SUPPORT

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SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	30,500				SOUTHERN HUMANITIES FUND
SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501	85-0413922	501(C)(3)	61,500				MULTIPLE SUPPORT

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SMILE TRAIN INC 633 THIRD AVENUE 9TH FLOOR NEW YORK, NY 100176796	13-3661416	501(C)(3)	10,000				ANNUAL CHARITABLE GIVING
SOUTHEASTERN COUNCIL OF FOUNDATIONS 100 PEACHTREE STREET NW ATLANTA, GA 30303	56-0995114	501(C)(3)	5,000				SOUTHEASTERN COUNCIL OF FOUNDATIONS SUSTAINABILITY CAMPAIGN

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SOUTHERN OFF-ROAD BICYCLE ASSOCIATION 1111 BAY AVE COLUMBUS, GA 319015267	26-3171483	501(C)(3)	653,122				STANDING BOY TRAILS
SPRINGER OPERA HOUSE ARTS ASSOCIATION INC 103 10TH STREET COLUMBUS, GA 319012741	23-7025084	501(C)(3)	45,000				MULTIPLE SUPPORT

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ST ANDREWS ANGLICAN CHURCH 115 PADDOCK DRIVE VERSAILLES, KY 40383	20-0648747	501(C)(3)	30,000				AVANZA MUSIC ACADEMY
ST ANNE CATHOLIC CHURCH 2000 KAY CIRCLE COLUMBUS, GA 31907	58-1762606	501(C)(3)	32,800				ST. ANNE COMMUNITY OUTREACH

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ST ANNE PACELLI CATHOLIC SCHOOL 2020 KAY CIRCLE COLUMBUS, GA 31907	58-0696154	501(C)(3)	38,167				MULTIPLE SUPPORT
ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	36,900				MULTIPLE SUPPORT

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ST LUKE UNITED METHODIST CHURCH PO BOX 867 COLUMBUS, GA 31902	58-0600861	501(C)(3)	68,725				MULTIPLE SUPPORT
ST MARK UNITED METHODIST CHURCH 6795 WHITESVILLE RD COLUMBUS, GA 31904	58-0633990	501(C)(3)	20,000				GENERAL FUND

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ST PATRICK'S EPISCOPAL CHURCH 4700 WHITEHAVEN PARKWAY NW WASHINGTON, DC 200071554	53-0196494	501(C)(3)	13,700				MULTIPLE SUPPORT
ST PAUL UNITED METHODIST CHURCH PO BOX 5116 COLUMBUS, GA 31906	58-0639812	501(C)(3)	422,600				MULTIPLE SUPPORT

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ST SIMONS LAND TRUST PO BOX 24615 ST SIMONS IS, GA 315227615	58-2598986	501(C)(3)	13,500				MULTIPLE SUPPORT
STEER SMART INC 2835 HOWELL MILL RD NW ATLANTA, GA 303271333	20-1906081	501(C)(3)	7,500				GENERAL DONATION

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STEWART COMMUNITY HOME INC PO BOX 4279 COLUMBUS, GA 319140279	58-1287158	501(C)(3)	48,000				MULTIPLE SUPPORT
SYNOVUS BANK PO BOX 2181 COLUMBUS, GA 319022181	58-1134883	501(C)(3)	6,042				MULTIPLE SUPPORT

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TAKE THE CITY INC 2910 2ND AVENUE COLUMBUS, GA 319048199	47-4653928	501(C)(3)	14,500				MULTIPLE SUPPORT
TEAM RUBICON 6171 W CENTURY BLVD NO 310 LOS ANGELES, CA 900455300	27-1720480	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION

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TEEN CHALLENGE OF FLORIDA INC 15 W 10TH ST COLUMBUS, GA 319012744	59-2479228	501(C)(3)	8,000				GENERAL DONATION
TEMPLE ISRAEL INC PO BOX 5086 COLUMBUS, GA 319060086	58-1904115	501(C)(3)	5,971				MULTIPLE SUPPORT

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THE ATLANTA-FULTON PUBLIC LIBRARY FOUNDATION INC 1 MARGARET MITCHELL SQ NW ATLANTA, GA 30303	58-1837951	501(C)(3)	5,000				FOR THE CONTINUED SUPPORT OF THE ORGANIZATION
THE CHATTAHOOCHEE VALLEY STATE COMMUNITY COLLEGE FOUNDATION 2602 COLLEGE DR PHENIX CITY, AL 368697960	63-0909371	501(C)(3)	16,500				MULTIPLE SUPPORT

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THE COLUMBUS BOTANICAL GARDENS INC 3603 WEEMS RD COLUMBUS, GA 319093701	58-2497596	501(C)(3)	173,850				MULTIPLE SUPPORT
THE COLUMBUS MUSEUM INC 1251 WYNNTON RD COLUMBUS, GA 319062810	58-6042894	501(C)(3)	230,510				MULTIPLE SUPPORT

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THE STUDY HALL INC 1010 CREW ST SW ATLANTA, GA 303151712	58-1830316	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION
THE WYNN HOUSE INC 1240 WYNNTON RD COLUMBUS, GA 319062812	58-0593391	501(C)(3)	8,500				MULTIPLE SUPPORT

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TREES COLUMBUS INC PO BOX 1531 COLUMBUS, GA 319021531	58-2589040	501(C)(3)	212,200				MULTIPLE SUPPORT
TRINITY EPISCOPAL CHURCH 1130 1ST AVENUE COLUMBUS, GA 31901	58-0600868	501(C)(3)	72,800				MULTIPLE SUPPORT

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TRINITY PRESBYTERIAN CHURCH 3003 HOWELL MILL ROAD ATLANTA, GA 30327	58-0607087	501(C)(3)	15,000				ANNUAL GIFT
TRINITY SCHOOL INC 4301 NORTHSIDE PARKWAY NW ATLANTA, GA 303273014	58-1197585	501(C)(3)	38,000				MULTIPLE SUPPORT

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TROUP CARES INC PO BOX 800027 LAGRANGE, GA 302400001	20-8176300	501(C)(3)	10,000				NURSE PRACTITIONER SUPPORT PROGRAM (WEST POINT, GA PATIENT POPULATION 2020)
TROY UNIVERSITY FOUNDATION ONE UNIVERSITY PLACE PHENIX CITY, AL 36869	63-6067755	501(C)(3)	5,000				MULTIPLE SUPPORT

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TRUTH SPRING INCORPORATED 3314 5TH AVE COLUMBUS, GA 319047516	27-0263712	501(C)(3)	35,500				MULTIPLE SUPPORT
TWIN CEDARS YOUTH AND FAMILY SERVICES INC PO BOX 1526 LAGRANGE, GA 302410032	58-1413499	501(C)(3)	25,209				MULTIPLE SUPPORT

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UMCOR - UNITED METHODIST COMMITTEE ON RELIEF OF GLOBAL MINISTRIES INC PO BOX 9068 NEW YORK, NY 100879068	82-1449602	501(C)(3)	10,000				FIGHTING COVID-19 WITH FOOD
UNITED WAY OF METRO ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501(C)(3)	5,000				GREATER ATLANTA COVID-19 RESPONSE AND RECOVERY FUND

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
UNITED WAY OF THE CHATTAHOOCHEE VALLEY INC PO BOX 1157 COLUMBUS, GA 319021157	58-0572434	501(C)(3)	406,248				MULTIPLE SUPPORT
UNITED WAY OF WEST GEORGIA INC PO BOX 532 LAGRANGE, GA 302410009	58-0686480	501(C)(3)	10,350				MULTIPLE SUPPORT

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
UNIVERSITY OF GEORGIA 220 HOLMES/HUNTER ACADEMIC BUILDING ATHENS, GA 30602	58-6001978	501(C)(3)	13,682				SCHOLARSHIPS
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE ATHENS, GA 30602	58-6033837	501(C)(3)	1,416,750				MULTIPLE SUPPORT

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
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 309 CHAPEL HILL, NC 275140309	56-6001393	501(C)(3)	16,000				MULTIPLE SUPPORT
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY RICHMOND, VA 231730001	54-0505965	501(C)(3)	15,000				MULTIPLE SUPPORT

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
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION PO BOX 400314 CHARLOTTESVILLE, VA 229044314	54-0485595	501(C)(3)	5,000				UNIVERSITY OF VIRGINIA - VIRGINIA POLO
UPTOWN COLUMBUS INC PO BOX 1237 COLUMBUS, GA 31901	58-1521594	501(C)(3)	5,100				MULTIPLE SUPPORT

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
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING RD COLUMBUS, GA 319032834	58-1999205	501(C)(3)	15,000				BUILDOUT OF IN-SCHOOL HEALTH CLINIC
VALLEY INTERFAITH PROMISE INC PO BOX 1141 COLUMBUS, GA 31902	20-2269503	501(C)(3)	6,000				CHARITABLE DONATION

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
VALLEY RESCUE MISSION INC PO BOX 1232 COLUMBUS, GA 31902	58-0908148	501(C)(3)	25,375				MULTIPLE SUPPORT
VOICES OF THE VALLEY 900 BROADWAY COLUMBUS, GA 31901	58-1637918	501(C)(3)	10,000				GENERAL DONATION

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
WESLEYAN COLLEGE 4760 FORSYTH RD MACON, GA 312104407	58-0593438	501(C)(3)	22,150				MULTIPLE SUPPORT
WEST CENTRAL GEORGIA CANCER COALITION 633 19TH STREET COLUMBUS, GA 319011551	38-3707703	501(C)(3)	10,000				UTILITIES, HOUSING AND TRANSPORTATION ASSISTANCE

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
WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	20-0936376	501(C)(3)	11,000				MULTIPLE SUPPORT
WOMEN'S INITIATIVE FOR LEARNING AND DISCOVERY CORP (WILD) 536 FRONT AVE COLUMBUS, GA 319013119	82-3374736	501(C)(3)	59,366				MULTIPLE SUPPORT

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
WOODBERRY FOREST SCHOOL 898 WOODBERRY FOREST ROAD WOODBERRY FOREST, VA 229898002	54-0519590	501(C)(3)	5,000				ANNUAL FUND
WORLDVENTURE 20 IVERNESS PL E ENGLEWOOD, CO 801125622	36-2216163	501(C)(3)	5,000				CHARITABLE DONATION

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
WOUNDED WARRIORS FAMILY SUPPORT INC 11218 JOHN GALT BOULEVARD OMAHA, NE 681372358	20-1407520	501(C)(3)	10,000				ANNUAL CHARITABLE DONATION
WYNNBROOK BAPTIST CHURCH 500 RIVER KNOLL WAY COLUMBUS, GA 31904	58-0641245	501(C)(3)	5,000				WYNNBROOK CHRISTIAN SCHOOL

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
WYNNTON NEIGHBORHOOD NETWORK INC 2100 HILTON AVENUE COLUMBUS, GA 31906	58-1626105	501(C)(3)	14,850				IMMEDIATE NEEDS
YMCA OF METRO COLUMBUS PO BOX 1640 COLUMBUS, GA 31902	58-0648697	501(C)(3)	5,000				PROVIDE CRITICAL CHILDCARE FOR MEDICAL PROFESSIONALS AND STAFF WHO WORK AT PIEDMONT COLUMBUS REGIONAL

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
YOUNG LIFE CHARLOTTE 4420 REA RD CHARLOTTE, NC 282262635	84-0385934	501(C)(3)	15,000				MULTIPLE SUPPORT
YOUNG LIFE- COLUMBUS GA 2750 SOWEGA DRIVE COLUMBUS, GA 31909	84-0385934	501(C)(3)	51,300				MULTIPLE SUPPORT

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
YOUNG LIFE NORTHWEST ATLANTA PO BOX 724731 ATLANTA, GA 31139	84-0385934	501(C)(3)	5,000				ANNUAL CHARITABLE DONATION
YOUNG LIFE SOUTHEAST REGION PO BOX 7753 MARIETTA, GA 300651753	84-0385934	501(C)(3)	8,000				MULTIPLE SUPPORT

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
YOUTH ORCHESTRA ASSOCIATION OF GREATER COLUMBUS INC PO BOX 8612 COLUMBUS, GA 319088612	58-2079186	501(C)(3)	9,377				MULTIPLE SUPPORT
GREATER COLUMBUS CHAMBER OF COMMERCE PO BOX 1200 COLUMBUS, GA 319021200	58-0201875	501(C)(6)	15,948				MULTIPLE SUPPORT

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
DIRECT & PAYMENTS ON BEHALF OF 20 CHARITABLE & 501(C)(3) ORGANIZATIONS VARIOUS COLUMBUS, GA 31901			580,092				MULTIPLE SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

Employer identification number
58-2381589

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BETSY COVINGTON PRESIDENT & CHIEF EXECUTIV	(i)	186,984	0	0	0	15,251	202,235	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

Employer identification number
58-2381589

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	57	13,540,970	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
PART I, LINE 32B:	A THIRD PARTY, INDEPENDENT BROKER IS USED TO RECEIVE STOCK GIFTS FROM DONORS, SELL THE STOCK, THEN TRANSFER PROCEEDS TO THE ORGANIZATION.

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

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY INC

Employer identification number

58-2381589

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT WELL KNOWN TO THE ORGANIZATION AND EXPERIENCED IN THE AREA OF NON-PROFIT TAXATION. THE BOARD PERFORMS A REVIEW OF THE RETURN TO MAKE SURE NO MATERIAL OMISSIONS OR MISSTATEMENTS ARE MADE ON THE RETURN BEFORE IT IS FILED. ONCE APPROVED, THE RETURN IS SIGNED BY AN AUTHORIZED AGENT AND FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER MUST COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE BOARD OF TRUSTEES REVIEWS AND MONITORS ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT THE ORGANIZATION MAY HAVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S SALARY. ALL OTHER STAFF MEMBER'S SALARIES ARE INCLUDED IN THE ANNUAL BUDGET PREPARED BY THE EXECUTIVE DIRECTOR, WHICH MUST BE PRESENTED TO AND APPROVED BY THE FINANCE/INVESTMENT COMMITTEE ANNUALLY. THE EXECUTIVE AND FINANCE COMMITTEES CONSIDER SALARY RANGES FROM SIMILAR LOCAL POSITIONS AS WELL AS SIMILAR-SIZED COMMUNITY FOUNDATIONS AS REPORTED IN THE SALARY REPORTS OF THE COUNCIL OF FOUNDATIONS AND THE SOUTHEASTERN COUNCIL OF FOUNDATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND EITHER MAILED, EMAILED, OR FAXES THE APPLICABLE DOCUMENTS TO THE RECIPIENT DEPENDING ON THE PARTICULAR CIRCUMSTANCES. THE FINANCIAL STATEMENTS ARE PUBLISHED IN THE ORGANIZATION'S MAGAZINE. IN ADDITION, THE ORGANIZATION'S 990 IS REPORTED ON GUIDESTAR.COM EACH YEAR FOR GENERAL PUBLIC REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.