

ROBINSON, GRIMES & CO., P.C.  
P.O. BOX 4299  
COLUMBUS, GA 31914

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.  
1340 13TH STREET  
COLUMBUS, GA 31901-2345



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CLIENT'S COPY

**RC** ROBINSON, GRIMES & COMPANY, P.C.  
Certified Public Accountants & Consultants

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www.robinsongrimes.com

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.  
1340 13TH STREET  
COLUMBUS, GA 31901-2345

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 16, 2021.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 16, 2021.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

A COPY OF THE 990 SHOULD ALSO BE SIGNED AND MAILED TO THE FOLLOWING:

GEORGIA INCOME TAX DIVISION  
P.O. BOX 740395  
ATLANTA, GEORGIA 30374-0395

AND

GEORGIA ATTORNEY GENERAL

40 CAPITOL SQUARE SW  
ATLANTA, GEORGIA 30334-1300

AS PART OF PREPARING THE CURRENT INCOME TAX RETURN, WE HAVE NOT REVIEWED THE STATUS OF THE STATE REGISTRATION FOR THIS ENTITY. PLEASE BE REMINDED THAT THE REGISTRATION OF THIS ENTITY MUST BE UPDATED ANNUALLY WITH THE SECRETARY OF STATE'S OFFICE. FAILURE TO KEEP THE REGISTRATION CURRENT COULD CAUSE ADVERSE TAX CONSEQUENCES.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

CHRISTOPHER A. MILLER, CPA

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

# 2019

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

**COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.**

Employer identification number

**\*\* - \*\*\*1589**

Name and title of officer

**BETSY W COVINGTON  
PRESIDENT & CEO**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>35,593,899.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ROBINSON, GRIMES & CO., P.C. to enter my PIN 45435  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

## Part III Certification and Authentication

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

**58915189493**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

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

**A** For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1340 13TH STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBUS, GA 31901-2345</b> <b>F</b> Name and address of principal officer: <b>BETSY W. COVINGTON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>** - ***1589</b> <b>E</b> Telephone number <b>706-320-0027</b> <b>G</b> Gross receipts \$ <b>57,530,104.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CFCV.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1998</b>		<b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>HELPING MORE THAN 1,000 DONORS AND THEIR FAMILIES CREATE AND SUPPORT PHILANTHROPIC FUNDS TO MAKE</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 19
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b> 7
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b> 31
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>8</b> 15,666,129. 31,219,162.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>9</b> 86,853. 44,327.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>10</b> 5,725,142. 4,330,410.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>11</b> 0. 0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>12</b> 21,478,124. 35,593,899.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>13</b> 13,964,229. 14,966,757.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>14</b> 0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>15</b> 664,124. 663,105.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>16a</b> 0. 0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>105,958.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>17</b> 510,206. 474,378.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>18</b> 15,138,559. 16,104,240.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>19</b> 6,339,565. 19,489,659.
<b>20</b>	Total assets (Part X, line 16) .....	<b>20</b> 177,082,287. 203,858,921.
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>21</b> 2,937,765. 3,571,046.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>22</b> 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.

<b>Sign Here</b>	Signature of officer <b>BETSY W. COVINGTON, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER A. MILLER, CP</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00189493</b>
	Firm's name ▶ <b>ROBINSON, GRIMES &amp; CO., P.C.</b> Firm's address ▶ <b>P.O. BOX 4299</b> <b>COLUMBUS, GA 31914</b>	Firm's EIN ▶ <b>** - ***4304</b> Phone no. <b>706-324-5435</b>

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

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

**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)**

**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. )  
**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.**

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

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

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

**4e** Total program service expenses **15,156,273.**

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	



COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

Form 990 (2019)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	19	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

**Section C. Disclosure**

- 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BETSY COVINGTON - 706-320-0027**  
**1340 13TH ST, COLUMBUS, GA 31901-2345**

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

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

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

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

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

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

**COMMUNITY FOUNDATION OF THE  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) 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.	
<b>1b Subtotal</b>							313,836.	0.	27,429.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							313,836.	0.	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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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

COMMUNITY FOUNDATION OF THE  
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**Part VIII Statement of Revenue**

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

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

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,933,190.	14,933,190.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	33,567.	33,567.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	200,277.	33,246.	147,804.	19,227.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	377,675.	62,694.	278,744.	36,237.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	42,663.	7,082.	31,487.	4,094.
<b>10</b> Payroll taxes	42,490.	7,053.	31,359.	4,078.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying	7,814.	7,814.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	223,880.	37,165.	165,223.	21,492.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	27,000.		27,000.	
<b>12</b> Advertising and promotion	38,020.	6,311.	28,060.	3,649.
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	48,381.	8,032.	35,706.	4,643.
<b>17</b> Travel	2,534.	421.	1,870.	243.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	7,179.		7,179.	
<b>23</b> Insurance	8,986.	1,492.	6,632.	862.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SOFTWARE	46,885.	7,783.	34,603.	4,499.
<b>b</b> MISCELLANEOUS	30,493.	5,062.	22,505.	2,926.
<b>c</b> DUES & SUBSCRIPTIONS	19,188.	3,185.	14,162.	1,841.
<b>d</b> REPAIRS & MAINTENANCE	11,314.	1,878.	8,350.	1,086.
<b>e</b> All other expenses	2,704.	298.	1,325.	1,081.
<b>25</b> Total functional expenses. Add lines 1 through 24e	16,104,240.	15,156,273.	842,009.	105,958.
<b>26</b> 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)				

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**Part X Balance Sheet**

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

		(A) Beginning of year			(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	226,300.	<b>1</b>		329,106.	
	<b>2</b> Savings and temporary cash investments .....	8,787,772.	<b>2</b>		9,477,506.	
	<b>3</b> Pledges and grants receivable, net .....	54,500.	<b>3</b>		19,500.	
	<b>4</b> Accounts receivable, net .....	3,180.	<b>4</b>			
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....			<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	298,010.	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	273,786.	<b>10b</b>			
		31,403.		<b>10c</b>	24,224.	
	<b>11</b> Investments - publicly traded securities .....	55,794,097.	<b>11</b>		53,621,198.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	111,288,073.	<b>12</b>		138,732,098.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
<b>15</b> Other assets. See Part IV, line 11 .....	896,962.	<b>15</b>		1,655,289.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	177,082,287.	<b>16</b>		203,858,921.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,301.	<b>17</b>		18,275.	
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to 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 .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,922,464.	<b>25</b>		3,552,771.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,937,765.	<b>26</b>		3,571,046.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	172,893,060.	<b>27</b>		199,027,086.	
	<b>28</b> Net assets with donor restrictions .....	1,251,462.	<b>28</b>		1,260,789.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	174,144,522.	<b>32</b>		200,287,875.	
<b>33</b> Total liabilities and net assets/fund balances .....	177,082,287.	<b>33</b>		203,858,921.		

Form 990 (2019)



**COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	35,593,899.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	16,104,240.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	19,489,659.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	174,144,522.
<b>5</b>	Net unrealized gains (losses) on investments	6,653,694.
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



COMMUNITY FOUNDATION OF THE

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20,942,204.	23,982,359.	18,469,396.	14,976,129.	25,767,501.	104,137,589.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	20,942,204.	23,982,359.	18,469,396.	14,976,129.	25,767,501.	104,137,589.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						46,544,234.
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....	20,942,204.	23,982,359.	18,469,396.	14,976,129.	25,767,501.	104,137,589.
<b>8</b> 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.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	50.10 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	52.65 %

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

COMMUNITY FOUNDATION OF THE

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

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

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

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

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

COMMUNITY FOUNDATION OF THE

Schedule A (Form 990 or 990-EZ) 2019

CHATTAHOOCHEE VALLEY, INC.

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019



COMMUNITY FOUNDATION OF THE

**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.)

Horizontal lines for supplemental information.



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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

**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 organization <b>COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.</b>	Employer identification number <b>**-***1589</b>
-------------------------------------------------------------------------------------------	-----------------------------------------------------

**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.

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

COMMUNITY FOUNDATION OF THE

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

COMMUNITY FOUNDATION OF THE

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		7,814.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			7,814.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

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**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Name of the organization** **COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.** **Employer identification number** **\*\* - \*\*\*1589**

**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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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)? .....

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019



**COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.**

**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.	END-OF-YEAR MARKET VALUE
(B) VANGUARD STAR FUND TOTAL		
(C) INTL STOCK INDEX	26,338,546.	END-OF-YEAR MARKET VALUE
(D) VANGUARD INDEX FUNDS		
(E) TOTAL STOCK	28,326,300.	END-OF-YEAR MARKET VALUE
(F) ALTERNATIVE INVESTMENTS	62,974,370.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>138,732,098.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



COMMUNITY FOUNDATION OF THE  
CHATAHOOCHEE VALLEY, INC.

**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.

**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.

**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

**Part XIII** Supplemental Information (continued)

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -223,880.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 223,880.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.** Employer identification number **\*\* - \*\*\* 1589**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBUS CONSOLIDATED GOVERNMENT PO BOX 1340 COLUMBUS, GA 31902-1340	** - *** 7948	170(C)(1)	17,239.	0.			MAYOR'S GOOD, BAD & UGLY TOUR
COLUMBUS STATE UNIVERSITY- FINANCIAL AID OFFICE - 4225 UNIVERSITY AVENUE - COLUMBUS, GA 31907	** - *** 1208	170(C)(1)	13,000.	0.			SCHOLARSHIPS
DIVISION FOR FAMILY AND CHILDREN SERVICES (DFACS) - PO BOX 2627 - COLUMBUS, GA 31902-2627	** - *** 1058	170(C)(1)	25,990.	0.			FOSTER CARE SUPPORTIVE FUNDING ACTIVITIES
GEORGIA SOUTHERN UNIVERSITY POST OFFICE BOX 8065 STATESBORO, GA 30460-8065	** - *** 2059	170(C)(1)	6,750.	0.			SCHOLARSHIPS
GEORGIA STATE UNIVERSITY PO BOX 5099 ATLANTA, GA 30302	** - *** 2050	170(C)(1)	7,682.	0.			SCHOLARSHIPS
HARRIS COUNTY SCHOOL DISTRICT 132 BARNES MILL ROAD HAMILTON, GA 31811	** - *** 0260	170(C)(1)	9,046.	0.			EQUIPMENT FOR VISUALLY IMPAIRED STUDENTS

**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.

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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MUSCOGEE COUNTY SCHOOL DISTRICT 1400 1ST AVENUE COLUMBUS, GA 31901	**-***0143	170(C)(1)	5,000.	0.			DOWNTOWN ELEMENTARY FINE ARTS PROGRAMS
MUSCOGEE COUNTY SCHOOL DISTRICT PO BOX 2427 COLUMBUS, GA 31902-2427	**-***0143	170(C)(1)	16,997.	0.			MULTIPLE SUPPORT
RUSSELL COUNTY SCHOOL DISTRICT P.O. BOX 400 PHENIX CITY, AL 36867	**-***1054	170(C)(1)	30,000.	0.			LADONIA ELEMENTARY SCHOOL STEM LAB
ACTION INC. 180 MAIN ST GLOUCESTER, MA 01930-6002	**-***9332	501(C)(3)	10,000.	0.			COVID 19 EMERGENCY FUND
ADVENTURES IN MISSIONS, INC. P.O. BOX 742570 ATLANTA, GA 30374	**-***3113	501(C)(3)	5,100.	0.			MISSIONARY SUPPORT
AFRICA RURAL MISSION COLUMBUS ASSOCIATION - 6815 CREEKVIEW CT - COLUMBUS, GA 31904-3320	**-***2841	501(C)(3)	10,000.	0.			CHARITABLE DONATION
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 5156 RIVER RD. - COLUMBUS, GA 31904	**-***9601	501(C)(3)	40,750.	0.			MULTIPLE SUPPORT
AMERICAN RED CROSS OF SOUTHWEST GEORGIA - 6501 VETERANS PARKWAY - COLUMBUS, GA 31909	**-***6605	501(C)(3)	14,500.	0.			MULTIPLE SUPPORT
AMERICAN RED CROSS, METROPOLITAN ATLANTA CHAPTER - P.O. BOX 105783 - ATLANTA, GA 30348-5783	**-***6605	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT

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ANCIENT WAY FARMS, INC. 799 MAYO ROAD ELLERSLIE, GA 31807	**-***3833	501(C)(3)	5,000.	0.			GENERAL DONATION
ANDREW COLLEGE 501 COLLEGE ST. CUTHBERT, GA 39840-5550	**-***8687	501(C)(3)	52,750.	0.			MULTIPLE SUPPORT
ASBURY THEOLOGICAL SEMINARY 204 N LEXINGTON AVE WILMORE, KY 40390-1129	**-***5823	501(C)(3)	5,000.	0.			CHARITABLE DONATION
ATLANTA CENTER FOR SELF SUFFICIENCY, INC. - 18 WILLIAM HOLMES BORDERS DR NE - ATLANTA, GA 30312	**-***9816	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA, GA 30308-0322	**-***5299	501(C)(3)	10,000.	0.			ANNUAL CHARITABLE GIVING
ATLANTA COMMUNITY FOOD BANK, INC. 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	**-***6648	501(C)(3)	39,500.	0.			CHARITABLE DONATION
ATLANTA HISTORICAL SOCIETY, INC. 130 W PACES FERRY RD NW ATLANTA, GA 30305-1380	**-***6162	501(C)(3)	15,000.	0.			MULTIPLE SUPPORT
ATLANTA RONALD MCDONALD HOUSE CHARITIES, INC. - 795 GATEWOOD RD. NE - ATLANTA, GA 30329-4200	**-***5754	501(C)(3)	6,000.	0.			GENERAL DONATION
ATLANTA SPEECH SCHOOL INC 3160 NORTHSIDE PARKWAY NW ATLANTA, GA 30327-1555	**-***6198	501(C)(3)	6,500.	0.			MULTIPLE SUPPORT

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ATLANTA UNION MISSION CORPORATION P.O. BOX 20017 ATLANTA, GA 30325	**-***2430	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
ATLANTA YOUTH ACADEMIES FOUNDATION, INC. - PO BOX 18237 - ATLANTA, GA 30316-0237	**-***4519	501(C)(3)	42,600.	0.			MULTIPLE SUPPORT
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET AUBURN, AL 36849-5149	**-***2422	501(C)(3)	31,000.	0.			MULTIPLE SUPPORT
BEGIN AGAIN FARMS, INC. PO BOX 242 HAMILTON, GA 31811-0242	**-***0261	501(C)(3)	10,750.	0.			GENERAL DONATION
BETH SALEM PRESBYTERIAN CHURCH (PCUSA) - 4253 ST. MARY'S RD. - COLUMBUS, GA 31907	**-***3377	501(C)(3)	5,500.	0.			2F5L FOOD PANTRY
BETHANY CHRISTIAN SERVICE 6645 PEACHTREE DUNWOODY RD. NE ATLANTA, GA 30328	**-***4895	501(C)(3)	5,000.	0.			PROVIDE FINANCIAL ASSISTANCE TO FOSTER FAMILIES IMPACTED BY THE CORONAVIRUS
BOBBY JONES GOLF COURSE FOUNDATION, INC. - 2560 BROOKDALE DR NW - ATLANTA, GA 30305-3556	**-***8972	501(C)(3)	12,500.	0.			GENERAL DONATION
BONEFISH & TARPON TRUST INC 2937 SW 27TH AVENUE MIAMI, FL 33133	**-***8321	501(C)(3)	5,000.	0.			ANNUAL FUND
BOY SCOUTS OF AMERICA, CHATTAHOOCHEE COUNCIL - 1237 1ST AVENUE - COLUMBUS, GA 31901-5283	**-***1576	501(C)(3)	7,300.	0.			MULTIPLE SUPPORT

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BOYS AND GIRLS CLUBS OF METRO ATLANTA, INC. - 1275 PEACHTREE STREET, NE - ATLANTA, GA 30309-3509	**-***6123	501(C)(3)	16,000.	0.			MULTIPLE SUPPORT
BOYS AND GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY INC - 1700 BUENA VISTA RD - COLUMBUS, GA 31906-3003	**-***4393	501(C)(3)	181,750.	0.			MULTIPLE SUPPORT
BREVARD MUSIC CENTER INCORPORATED P.O. BOX 312 BREVARD, NC 28712-0312	**-***9350	501(C)(3)	7,500.	0.			GENERAL DONATION
BROOKSTONE SCHOOL, INC. 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904-2901	**-***3670	501(C)(3)	136,450.	0.			MULTIPLE SUPPORT
CAMP TWIN LAKES, INC. 1100 SPRING ST NW ATLANTA, GA 30309-2826	**-***6782	501(C)(3)	10,000.	0.			ANNUAL CHARITABLE DONATION
CAMP VIOLA, INC. PO BOX 716 LAGRANGE, GA 30241-0012	**-***5245	501(C)(3)	8,500.	0.			CAMP VIOLA, FOSTER CARE RESPITE CAMPS, AND OPERATING FUNDS
CAMPUS CRUSADE FOR CHRIST, INC. P.O. BOX 628222 ORLANDO, FL 32862-8222	**-***6173	501(C)(3)	10,000.	0.			MISSIONARY SUPPORT
CARE- COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC - P.O. BOX 1870 - MERRIFIELD, VA 22116-8070	**-***5039	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
CASA GLYNN, INC. P.O. BOX 145 BRUNSWICK, GA 31521-0145	**-***6608	501(C)(3)	8,500.	0.			GENERAL DONATION

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CASHIERS UNITED METHODIST CHURCH P.O. BOX 162 CASHIERS, NC 28717	**-***6727	501(C)(3)	5,500.	0.			GENERAL DONATION
CHATTAHOOCHEE RIVERKEEPER, INC. 916 JOSEPH LOWERY ROAD ATLANTA, GA 30318-5280	**-***5413	501(C)(3)	12,000.	0.			MULTIPLE SUPPORT
CHATTAHOOCHEE RIVERWARDEN PO BOX 985 COLUMBUS, GA 31902-0985	**-***9716	501(C)(3)	43,450.	0.			MULTIPLE SUPPORT
CHATTAHOOCHEE VALLEY EPISCOPAL MINISTRY, INC. - PO BOX 5811 - COLUMBUS, GA 31906	**-***0175	501(C)(3)	65,000.	0.			PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS (RENT, UTILITIES, TRANSPORTATION, AND OTHER
CHILDFUND INTERNATIONAL PO BOX 26484 RICHMOND, VA 23261	**-***6100	501(C)(3)	10,000.	0.			ANNUAL CHARITABLE DONATION: CHILDREN'S GREATEST NEEDS FUND
CHILDREN'S HARBOR, INC. 1 OUR CHILDREN'S HWY. ALEXANDER CITY, AL 35010-8620	**-***2070	501(C)(3)	6,100.	0.			MULTIPLE SUPPORT
CHILDREN'S HEALTHCARE OF ATLANTA INC - 3395 NE EXPRESSWAY - ATLANTA, GA 30341	**-***0601	501(C)(3)	109,249.	0.			MULTIPLE SUPPORT
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM RD. KANSAS CITY, MO 64108-4619	**-***5373	501(C)(3)	7,610.	0.			PEDIATRIC ONCOLOGY
CHRIS 180, INC. 1017 FAYETTEVILLE RD. ATLANTA, GA 30316-2932	**-***0183	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION

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CHRIST CENTRAL DURHAM 807 E. MAIN STREET DURHAM, NC 27701	**-***5300	501(C)(3)	8,000.	0.			COVID-19 RELIEF FUND
CHRIST COMMUNITY CHURCH 4078 MILGEN RD COLUMBUS, GA 31907-1298	**-***0838	501(C)(3)	23,400.	0.			MULTIPLE SUPPORT
CHURCH OF THE HIGHLANDS, INC. 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243-3339	**-***8442	501(C)(3)	19,000.	0.			COLUMBUS, GA CAMPUS
COLUMBUS ALLIANCE FOR REGIONAL INVESTMENT, INC. - 1200 6TH AVENUE - COLUMBUS, GA 31901-2613	**-***6611	501(C)(3)	22,000.	0.			SUPPORT THE CHARITABLE EFFORTS OF THE CHAMBER
COLUMBUS BAPTIST ASSOCIATION 3679 STEAM MILL ROAD COLUMBUS, GA 31906	**-***6245	501(C)(3)	30,000.	0.			RELIEF FUND
COLUMBUS ECONOMIC DEVELOPMENT CORPORATION - 1200 6TH AVENUE - COLUMBUS, GA 31901-2613	**-***4651	501(C)(3)	26,250.	0.			MULTIPLE SUPPORT
COLUMBUS HIGH SCHOOL ALUMNI ASSOCIATION, INC. - P.O. BOX 5353 - COLUMBUS, GA 31906	**-***0626	501(C)(3)	25,016.	0.			ANNUAL DISBURSEMENT
COLUMBUS HOSPICE, INC. 7020 MOON RD COLUMBUS, GA 31909-4900	**-***5395	501(C)(3)	43,100.	0.			MULTIPLE SUPPORT
COLUMBUS PHILHARMONIC GUILD, INC. P.O. BOX 1499 COLUMBUS, GA 31902-1499	**-***6789	501(C)(3)	56,529.	0.			MULTIPLE SUPPORT

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COLUMBUS REGIONAL MEDICAL FOUNDATION, INC. - 707 CENTER STREET - COLUMBUS, GA 31901-1575	**-***1642	501(C)(3)	1,265,250.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL TENNIS ASSOCIATION, INC. (CORTA) - PO BOX 8236 - COLUMBUS, GA 31908-8236	**-***3414	501(C)(3)	6,000.	0.			GENERAL DONATION
COLUMBUS SCHOLARS, INC. 1014 GRAMERCY DR. MIDLAND, GA 31820-3470	**-***9094	501(C)(3)	36,835.	0.			OPERATING EXPENSES
COLUMBUS STATE UNIVERSITY FOUNDATION, INC. - 4225 UNIVERSITY AVE - COLUMBUS, GA 31907-5645	**-***3198	501(C)(3)	320,950.	0.			MULTIPLE SUPPORT
COLUMBUS TECHNICAL COLLEGE FOUNDATION - 928 MANCHESTER EXPRESSWAY - COLUMBUS, GA 31904-6572	**-***3978	501(C)(3)	5,000.	0.			ASSOCIATE'S DEGREE NURSING PROGRAM
COMMUNITIES OF COASTAL GEORGIA FOUNDATION - 1626 FREDERICA ROAD - ST. SIMONS ISLAND, GA 31522	**-***4729	501(C)(3)	16,281.	0.			MULTIPLE SUPPORT
COMMUNITY BIBLE CHURCH OF HIGHLANDS INC - PO BOX 2916 - HIGHLANDS, NC 28741-2916	**-***1857	501(C)(3)	5,000.	0.			GENERAL DONATION
COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA, INC. - 245 RIVERSIDE AVE - JACKSONVILLE, FL 32202	**-***0746	501(C)(3)	314,484.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 4300 W. CYPRESS STREET - TAMPA, FL 33607	**-***1853	501(C)(3)	37,698.	0.			MULTIPLE SUPPORT

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COMMUNITY RESOURCE CENTER OF CHATTOOGA, INC. - P O BOX 222 - SUMMERVILLE, GA 30747-0222	**-***4565	501(C)(3)	5,000.	0.			CHATTOOGA COUNTY FOOD BANK
COWETA FALLS STEEPLECHASE, INC. 1747 WARM SPRINGS ROAD COLUMBUS, GA 31904-8026	**-***0923	501(C)(3)	35,000.	0.			GENERAL DONATION
DAVIDSON COLLEGE PO BOX 7170 DAVIDSON, NC 28035-7170	**-***9961	501(C)(3)	10,000.	0.			CLASS OF 1999 ENDOWED SCHOLARSHIP
DO GOOD FUND, INC. P.O. BOX 1199 COLUMBUS, GA 31902-1199	**-***6209	501(C)(3)	113,500.	0.			GENERAL DONATION
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	**-***3452	501(C)(3)	20,000.	0.			ANNUAL CHARITABLE DONATION
DRAGONFLY TRAILS INC P.O. BOX 2666 COLUMBUS, GA 31902-2666	**-***2269	501(C)(3)	97,972.	0.			OPERATING EXPENSES
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120-2350	**-***3799	501(C)(3)	10,375.	0.			MULTIPLE SUPPORT
DUKE UNIVERSITY 710 WEST MAIN STREET DURHAM, NC 27705	**-***2129	501(C)(3)	5,305.	0.			MULTIPLE SUPPORT
EASTER SEALS WEST GEORGIA, INC. PO BOX 1690 FORTSON, GA 31808	**-***9206	501(C)(3)	131,450.	0.			MULTIPLE SUPPORT

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ELAINE CLARK CENTER FOR THE GROWTH & DEVELOPMENT OF EXCEPTIONAL CHILDREN - 5130 PEACHTREE IND BLVD - CHAMBLEE, GA 30341-2722	**-***9411	501(C)(3)	10,000.	0.			THE FRANK CLARK MEMORIAL SCHOLARSHIP FUND
EMORY UNIVERSITY OFFICE OF GIFT ACCOUNTING - 1762 CLIFTON ROAD - ATLANTA, GA 30322-4250	**-***6256	501(C)(3)	158,750.	0.			MULTIPLE SUPPORT
EPWORTH BY THE SEA, INC. P.O. BOX 20407 ST. SIMONS ISLAND, GA 31522-0007	**-***0633	501(C)(3)	9,000.	0.			GENERAL DONATION
FAMILIES FIRST, INC. 80 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30314-3421	**-***4331	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
FEEDING THE VALLEY, INC. P.O. BOX 8904 COLUMBUS, GA 31908	**-***8131	501(C)(3)	207,750.	0.			MULTIPLE SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 8361 COLUMBUS, GA 31908	**-***0626	501(C)(3)	7,100.	0.			GENERAL DONATION
FELLOWSHIP OF CHRISTIANS UNITED FOR SERVICE (FOCUS) - PO BOX 524 - HAMILTON, GA 31811-0524	**-***7756	501(C)(3)	9,000.	0.			TO SUPPORT THE AGENCY IN PURCHASING FOOD AND PROVIDING UTILITY ASSISTANCE FOR CLIENTS.
FIRST BAPTIST CHURCH OF COLUMBUS GA. - P.O. BOX 828 - COLUMBUS, GA 31902-0828	**-***9986	501(C)(3)	32,150.	0.			MULTIPLE SUPPORT
FIRST BAPTIST MONROEVILLE 389 PINEVILLE ROAD MONROEVILLE, AL 36460	**-***5551	501(C)(3)	5,000.	0.			CHARITABLE DONATION

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FIRST PRESBYTERIAN CHURCH 1100 FIRST AVENUE COLUMBUS, GA 31901	**-***5891	501(C)(3)	65,500.	0.			MULTIPLE SUPPORT
FIRST TEE OF ATLANTA, INC. 1053 CASCADE CIRCLE SW ATLANTA, GA 30311-2817	**-***4794	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
FIX GEORGIA PETS, INC. 3522 ASHFORD DUNWOODY ROAD ATLANTA, GA 30319-2002	**-***2739	501(C)(3)	6,000.	0.			GENERAL DONATION
FOCUS ON TRUTH, INC. P.O. BOX 5367 COLUMBUS, GA 31906-0367	**-***6641	501(C)(3)	5,000.	0.			GENERAL DONATION
FOOD BANK OF EAST ALABAMA, INC. 355 INDUSTRY DR AUBURN, AL 36832-4274	**-***2492	501(C)(3)	10,000.	0.			GENERAL DONATION
FRED HASKINS COMMISSION, INC. 2610 CHEROKEE AVENUE COLUMBUS, GA 31906	**-***2950	501(C)(3)	24,375.	0.			MULTIPLE SUPPORT
GEORGES RIVER LAND TRUST 8 NORTH MAIN STREET ROCKLAND, ME 04841-3154	**-***4837	501(C)(3)	5,000.	0.			WESKEAG MARSH-BOB O LINK TRAIL
GEORGIA CENTER FOR OPPORTUNITY INC 333 RESEARCH COURT PEACHTREE CORNERS, GA 30092-7000	**-***8520	501(C)(3)	8,500.	0.			GENERAL DONATION
GEORGIA TRUST FOR HISTORIC PRESERVATION, INC. - 1516 PEACHTREE STREET, N.W. - ATLANTA, GA 30309-2908	**-***7226	501(C)(3)	7,500.	0.			MULTIPLE SUPPORT

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GEORGIA WOMEN OF ACHIEVEMENT, INC. 4760 FORSYTH RD. MACON, GA 31210-4407	**-***9306	501(C)(3)	5,000.	0.			GENERAL DONATION
GEORGIA-ALABAMA LAND TRUST INC 226 OLD LADIGA RD PIEDMONT, AL 36272-1467	**-***9352	501(C)(3)	21,500.	0.			MULTIPLE SUPPORT
GIRLS, INC. OF COLUMBUS AND PHENIX-RUSSELL - P.O. BOX 3096 - COLUMBUS, GA 31903-0096	**-***1441	501(C)(3)	40,892.	0.			MULTIPLE SUPPORT
GLOBAL TEEN CHALLENGE, INC. P O BOX 511 COLUMBUS, GA 31902-0511	**-***2759	501(C)(3)	76,500.	0.			MULTIPLE SUPPORT
GRACE PRESBYTERIAN CHURCH OF COLUMBUS, INC. - P.O. BOX 4747 - COLUMBUS, GA 31914-0747	**-***9321	501(C)(3)	5,000.	0.			GENERAL DONATION
GREATER COLUMBUS SPORTS & EVENTS COUNCIL INC - P.O. BOX 1519 - COLUMBUS, GA 31902-1519	**-***4813	501(C)(3)	10,000.	0.			SOUTH COMMONS/COLUMBUS GA SPORTS COUNCIL CAMPAIGN FOR IMPROVEMENTS
GROUNDTRUTH PROJECT INC 10 GUEST STREET BOSTON, MA 02135-2066	**-***8502	501(C)(3)	40,000.	0.			LEDGER-ENQUIRER, REPORT FOR AMERICA: COLUMBUS, GA
HANDS ON ATLANTA, INC. 600 MEANS STREET NW ATLANTA, GA 30318-5732	**-***1026	501(C)(3)	10,000.	0.			ANNUAL CHARITABLE DONATION
HARBOR SPRINGS LYRIC THEATRE P.O. BOX 345 HARBOR SPRINGS, MI 49740	**-***7766	501(C)(3)	5,000.	0.			GENERAL DONATION

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HARVEST HOPE FOOD BANK P.O. BOX 451 COLUMBIA, SC 29202	**-***5560	501(C)(3)	5,000.	0.			GENERAL DONATION
HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVENUE SOUTH, STE 132B MINNEAPOLIS, MN 55407	**-***9386	501(C)(3)	16,281.	0.			MULTIPLE SUPPORT
HEART FOR AFRICA INC PO BOX 1308 ROSWELL, GA 30077-1308	**-***9500	501(C)(3)	10,000.	0.			GENERAL DONATION
HISTORIC COLUMBUS FOUNDATION, INC. P.O. BOX 5312 COLUMBUS, GA 31906-0312	**-***1916	501(C)(3)	87,700.	0.			MULTIPLE SUPPORT
HISTORIC WESTVILLE, INC. P.O. BOX 3442 COLUMBUS, GA 31903-0442	**-***8435	501(C)(3)	21,879.	0.			MULTIPLE SUPPORT
HOPE HARBOUR, INC. PO BOX 4182 COLUMBUS, GA 31914-0182	**-***9257	501(C)(3)	39,000.	0.			MULTIPLE SUPPORT
HOPE HEALS 4279 ROSWELL ROAD NE ATLANTA, GA 30342	**-***3503	501(C)(3)	7,000.	0.			MULTIPLE SUPPORT
HOUSE OF HEROES, INC. 1225 WEBSTER AVE. COLUMBUS, GA 31901-2605	**-***1724	501(C)(3)	17,000.	0.			CHARITABLE DONATION DESIGNATED FOR THE EFFORT TO ORGANIZE CHAPTERS BEYOND COLUMBUS.
HOUSE OF MERCY 1532 THIRD AVENUE COLUMBUS, GA 31901-1813	**-***0692	501(C)(3)	31,694.	0.			GENERAL DONATION

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HOUSE OF T I M E INCORPORATED 1200 WYNNTON RD COLUMBUS, GA 31906-2811	**-***5951	501(C)(3)	41,888.	0.			MULTIPLE SUPPORT
HUMANE SOCIETY OF HARRIS COUNTY, INC. - 3938 BARNES MILL ROAD - HAMILTON, GA 31811-5439	**-***0386	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA, INC. - 4627 US 17N - BRUNSWICK, GA 31525-5011	**-***3265	501(C)(3)	11,500.	0.			MULTIPLE SUPPORT
INTERNATIONAL FRIENDSHIP MINISTRIES - 3404 UNIVERSITY AVE - COLUMBUS, CA 91907-0000	**-***5017	501(C)(3)	16,500.	0.			MULTIPLE SUPPORT
JOHNS HOPKINS UNIVERSITY 3400 NORTH CHARLES STREET BALTIMORE, MD 21218	**-***5110	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT
JOHNS HOPKINS UNIVERSITY 750 EAST PRATT ST. BALTIMORE, MD 21202	**-***5110	501(C)(3)	1,305.	0.			MULTIPLE SUPPORT
KENTLER INTERNATIONAL DRAWING SPACE, INC. - 353 VAN BRUNT ST. - BROOKLYN, NY 11231-1245	**-***1398	501(C)(3)	45,000.	0.			GENERAL DONATION
LAGRANGE ACADEMY, INC. 1501 VERNON ROAD LAGRANGE, GA 30240-4146	**-***7459	501(C)(3)	7,885.	0.			MULTIPLE SUPPORT
LAGRANGE ART MUSEUM, INC. 112 LAFAYETTE PKWY LAGRANGE, GA 30240-3209	**-***5805	501(C)(3)	22,228.	0.			MULTIPLE SUPPORT

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LAGRANGE COLLEGE 601 BROAD STREET LAGRANGE, GA 30240-2955	**-***6199	501(C)(3)	15,500.	0.			MULTIPLE SUPPORT
LAGRANGE SYMPHONY ORCHESTRA, INC. PO BOX 2321 LAGRANGE, GA 30241	**-***2569	501(C)(3)	28,885.	0.			MULTIPLE SUPPORT
LEE COUNTY HISTORICAL SOCIETY PO BOX 206 LOACHAPOKA, AL 36865-0206	**-***7476	501(C)(3)	5,000.	0.			BACK IN TIME
LIFELINE ANIMAL PROJECT INC PO BOX 15466 ATLANTA, GA 30333-0466	**-***9278	501(C)(3)	5,000.	0.			GENERAL DONATION
LITERACY ACTION, INC. 231 PEACHTREE STREET NE ATLANTA, GA 30303-1603	**-***3728	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
MAKE-A-WISH FOUNDATION OF GEORGIA, INC. - 1775 THE EXCHANGE SE - ATLANTA, GA 30339-2016	**-***6828	501(C)(3)	11,300.	0.			GENERAL DONATION
MEALS ON WHEELS ATLANTA INC 1705 COMMERCE DRIVE NW ATLANTA, GA 30318-3107	**-***0309	501(C)(3)	5,000.	0.			CHARITABLE DONATION
MELANOMA RESEARCH FOUNDATION 1420 K STREET NW, 7TH FLOOR WASHINGTON, DC 20005	**-***4428	501(C)(3)	5,000.	0.			JAM FOR CAM
MERCYMED OF COLUMBUS 3702 2ND AVE COLUMBUS, GA 31904-7408	**-***1913	501(C)(3)	96,500.	0.			MULTIPLE SUPPORT

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MERIWETHER HEALTH PROPERTIES, INC. P O BOX 8 WARM SPRINGS, GA 31830-0008	**-***0091	501(C)(3)	90,155.	0.			10 HOSPITAL BEDS
MERRIE WOODE FOUNDATION, INC. 100 MERRIE-WOODE ROAD SAPPHIRE, NC 28774-9621	**-***5955	501(C)(3)	5,000.	0.			GENERAL DONATION
METRO ATLANTA SALVATION ARMY 1000 CENTER PLACE NORCROSS, GA 30093	**-***0607	501(C)(3)	5,000.	0.			GENERAL DONATION
MICAH'S PROMISE, INC. 223 12TH STREET COLUMBUS, GA 31901-2462	**-***2349	501(C)(3)	38,500.	0.			MULTIPLE SUPPORT
MIDTOWN FELLOWSHIP 1819 TAYLOR ST COLUMBIA, SC 29201-3541	**-***0969	501(C)(3)	9,000.	0.			MULTIPLE SUPPORT
MIDTOWN, INC. 1236 WILDWOOD AVE COLUMBUS, GA 31906-2538	**-***3174	501(C)(3)	98,492.	0.			MULTIPLE SUPPORT
MT. ZION BAPTIST CHURCH 4096 E. CHEROKEE DR. CANTON, GA 30115-9212	**-***7663	501(C)(3)	8,000.	0.			GENERAL DONATION
NAOMI'S VILLAGE, INC. P.O. BOX 270057 FLOWER MOUND, TX 75027-0057	**-***2323	501(C)(3)	13,000.	0.			MULTIPLE SUPPORT
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. - 11625 RAINWATER DRIVE - ALPHARETTA, GA 30009-8678	**-***3949	501(C)(3)	2,000,000.	0.			SHEPHERD FUND

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NATIONAL INFANTRY MUSEUM FOUNDATION, INC. - 1775 LEGACY WAY - COLUMBUS, GA 31903-3674	**-***2819	501(C)(3)	52,200.	0.			MULTIPLE SUPPORT
NATIONAL PARK FOUNDATION 110 VERMONT AVE WASHINGTON, DC 20025-3544	**-***6761	501(C)(3)	5,000.	0.			CHAMPIONS SOCIETY
NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE UNITED STATES - 2600 VIRGINIA AVE. NW - WASHINGTON, DC 20037-1905	**-***0807	501(C)(3)	5,250.	0.			MULTIPLE SUPPORT
NEIGHBORHOOD COOPERATIVE MINISTRIES INC - PO BOX 1489 - NORCROSS, GA 30091-1498	**-***2414	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE GIVING
NEIGHBORWORKS COLUMBUS PO BOX 1620 COLUMBUS, GA 31902	**-***8678	501(C)(3)	14,000.	0.			FINANCIAL FITNESS EDUCATION PROJECT
NEW HORIZONS AREA MH-MR-SA PROGRAM PO BOX 5328 COLUMBUS, GA 31906-0328	**-***8870	501(C)(3)	8,520.	0.			MULTIPLE SUPPORT
NEW HORIZONS FOUNDATION, INC. 5550 TECH CENTER COLORADO SPRINGS, CO 80919-2308	**-***3082	501(C)(3)	7,000.	0.			CENTER FOR TEACHER RENEWAL
NEW LIFE DELIVERANCE MINISTRIES P.O. BOX 476 EUFULA, AL 36072	**-***5765	501(C)(3)	6,000.	0.			FUNDS AS NEEDED AT DISCRETION OF PASTOR
NORTH STAR FUND INC 520 EIGHTH AVENUE NEW YORK, NY 10018-4170	**-***0801	501(C)(3)	16,281.	0.			MULTIPLE SUPPORT

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NORTHSIDE UNITED METHODIST CHURCH 2799 NORTHSIDE DRIVE NW ATLANTA, GA 30305	**-***2662	501(C)(3)	45,000.	0.			MULTIPLE SUPPORT
NORWICH UNIVERSITY 158 HARMON DRIVE NORTHFIELD, VT 05663	**-***9424	501(C)(3)	6,500.	0.			MULTIPLE SUPPORT
OMEGA LAMBDA SOCIAL ACTION AND SCHOLARSHIP FOUNDATION, INC. - P.O. BOX 6134 - COLUMBUS, GA 31917	**-***6816	501(C)(3)	16,000.	0.			TO SUPPORT THE PRODUCTION AND INSTALLATION COSTS ASSOCIATED WITH THE MARTIN LUTHER KING, JR.,
OPEN DOOR COMMUNITY HOUSE, INC. 2405 2ND AVENUE COLUMBUS, GA 31901-1023	**-***1980	501(C)(3)	27,500.	0.			MULTIPLE SUPPORT
OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH INC - 381 RIVERSIDE DR. - FRANKLIN, TN 37064-8934	**-***5506	501(C)(3)	7,000.	0.			MULTIPLE SUPPORT
PARKINSONS FOUNDATION INC 1359 BROADWAY NEW YORK, NY 10018-7687	**-***6796	501(C)(3)	28,500.	0.			MULTIPLE SUPPORT
PASSION CITY CHURCH 515 GARSON DRIVE NE ATLANTA, GA 30324	**-***1038	501(C)(3)	5,000.	0.			PASSION CITY CHURCH - 515
PASTORAL INSTITUTE, INC. 2022 FIFTEENTH AVE COLUMBUS, GA 31901-1608	**-***7764	501(C)(3)	52,338.	0.			MULTIPLE SUPPORT
PAWS HUMANE, INC. 4900 MILGEN RD COLUMBUS, GA 31907-1345	**-***3501	501(C)(3)	20,000.	0.			MULTIPLE SUPPORT

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PEACHTREE PRESBYTERIAN PRE-SCHOOL INC - 3434 ROSWELL RD NW - ATLANTA, GA 30305-1202	**-***1566	501(C)(3)	13,500.	0.			MULTIPLE SUPPORT
PEACHTREE ROAD UNITED METHODIST CHURCH - 3180 PEACHTREE RD, NW - ATLANTA, GA 30305	**-***5363	501(C)(3)	24,595.	0.			MULTIPLE SUPPORT
PHOEBE FOUNDATION, INC. P O BOX 3770 ALBANY, GA 31706-3770	**-***7104	501(C)(3)	6,000.	0.			MULTIPLE SUPPORT
PIEDMONT HEALTHCARE FOUNDATION, INC. - 2001 PEACHTREE ROAD, NE - ATLANTA, GA 30309-1476	**-***2768	501(C)(3)	15,000.	0.			MULTIPLE SUPPORT
PORT COLUMBUS CIVIL WAR NAVAL CENTER, INC. - 1002 VICTORY DRIVE - COLUMBUS, GA 31901-1022	**-***7274	501(C)(3)	10,850.	0.			GENERAL DONATION
PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201-2913	**-***5699	501(C)(3)	7,019.	0.			MULTIPLE SUPPORT
RADIUS BOOKS, INC. 227 E PALACE AVE STE W SANTA FE, NM 87501-2043	**-***7383	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
REFLECTIONS MINISTRIES INC ONE PIEDMONT CENTER ATLANTA, GA 30305-8204	**-***8496	501(C)(3)	5,000.	0.			GENERAL DONATION
RESTORATION HOUSE MINISTRIES OF ALABAMA - P.O. BOX 693 - SMITHS STATION, AL 36877	**-***3981	501(C)(3)	11,000.	0.			GENERAL DONATION

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RIGHT FROM THE START PO BOX 550 COLUMBUS, GA 31902	**-***5687	501(C)(3)	7,124.	0.			GENERAL DONATION
RIVERCENTER, INC. P.O. BOX 2425 COLUMBUS, GA 31902-2425	**-***5233	501(C)(3)	208,330.	0.			MULTIPLE SUPPORT
ROAD SAFE AMERICA, INC. PO BOX 191502 ATLANTA, GA 31119-1502	**-***6556	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT
ROBERT W. WOODRUFF ARTS CENTER, INC. - 1280 PEACHTREE STREET, NE - ATLANTA, GA 30309-3502	**-***3971	501(C)(3)	13,575.	0.			MULTIPLE SUPPORT
ROLLINS COLLEGE 1000 HOLT AVENUE - 2755 WINTER PARK, FL 32789-4499	**-***4440	501(C)(3)	22,400.	0.			MULTIPLE SUPPORT
SAFEHOUSE MINISTRIES 2101 HAMILTON RD. COLUMBUS, GA 31904	**-***3737	501(C)(3)	15,980.	0.			MULTIPLE SUPPORT
SAFEHOUSE OUTREACH, INC. 89 ELLIS ST NE ATLANTA, GA 30303-2402	**-***0936	501(C)(3)	5,000.	0.			YOUTH OUTREACH PROGRAM
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	**-***7002	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT
SCHWAB CHARITABLE FUND P.O. BOX 628298 ORLANDO, FL 32862	**-***0316	501(C)(3)	30,500.	0.			SOUTHERN HUMANITIES FUND

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SITE SANTA FE 1606 PASEO DE PERALTA SANTA FE, NM 87501	**-***3922	501(C)(3)	61,500.	0.			MULTIPLE SUPPORT
SMILE TRAIN, INC. 633 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017-6796	**-***1416	501(C)(3)	10,000.	0.			ANNUAL CHARITABLE GIVING
SOUTHEASTERN COUNCIL OF FOUNDATIONS - 100 PEACHTREE STREET, NW - ATLANTA, GA 30303	**-***5114	501(C)(3)	5,000.	0.			SOUTHEASTERN COUNCIL OF FOUNDATIONS SUSTAINABILITY CAMPAIGN
SOUTHERN OFF-ROAD BICYCLE ASSOCIATION - 1111 BAY AVE. - COLUMBUS, GA 31901-5267	**-***1483	501(C)(3)	653,122.	0.			STANDING BOY TRAILS
SPRINGER OPERA HOUSE ARTS ASSOCIATION, INC. - 103 10TH STREET - COLUMBUS, GA 31901-2741	**-***5084	501(C)(3)	45,000.	0.			MULTIPLE SUPPORT
ST. ANDREWS ANGLICAN CHURCH 115 PADDOCK DRIVE VERSAILLES, KY 40383	**-***8747	501(C)(3)	30,000.	0.			AVANZA MUSIC ACADEMY
ST. ANNE CATHOLIC CHURCH 2000 KAY CIRCLE COLUMBUS, GA 31907	**-***2606	501(C)(3)	32,800.	0.			ST. ANNE COMMUNITY OUTREACH
ST. ANNE PACELLI CATHOLIC SCHOOL 2020 KAY CIRCLE COLUMBUS, GA 31907	**-***6154	501(C)(3)	38,167.	0.			MULTIPLE SUPPORT
ST. JUDE CHILDRENS RESEARCH HOSPITAL INC - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**-***6012	501(C)(3)	36,900.	0.			MULTIPLE SUPPORT

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ST. LUKE UNITED METHODIST CHURCH P.O. BOX 867 COLUMBUS, GA 31902	**-***0861	501(C)(3)	68,725.	0.			MULTIPLE SUPPORT
ST. MARK UNITED METHODIST CHURCH 6795 WHITESVILLE RD. COLUMBUS, GA 31904	**-***3990	501(C)(3)	20,000.	0.			GENERAL FUND
ST. PATRICK'S EPISCOPAL CHURCH 4700 WHITEHAVEN PARKWAY NW WASHINGTON, DC 20007-1554	**-***6494	501(C)(3)	13,700.	0.			MULTIPLE SUPPORT
ST. PAUL UNITED METHODIST CHURCH P.O. BOX 5116 COLUMBUS, GA 31906	**-***9812	501(C)(3)	422,600.	0.			MULTIPLE SUPPORT
ST. SIMONS LAND TRUST PO BOX 24615 ST SIMONS IS, GA 31522-7615	**-***8986	501(C)(3)	13,500.	0.			MULTIPLE SUPPORT
STEER SMART, INC. 2835 HOWELL MILL RD NW ATLANTA, GA 30327-1333	**-***6081	501(C)(3)	7,500.	0.			GENERAL DONATION
STEWART COMMUNITY HOME, INC. PO BOX 4279 COLUMBUS, GA 31914-0279	**-***7158	501(C)(3)	48,000.	0.			MULTIPLE SUPPORT
SYNOVUS BANK P.O. BOX 2181 COLUMBUS, GA 31902-2181	**-***4883	501(C)(3)	6,042.	0.			MULTIPLE SUPPORT
TAKE THE CITY, INC. 2910 2ND AVENUE COLUMBUS, GA 31904-8199	**-***3928	501(C)(3)	14,500.	0.			MULTIPLE SUPPORT

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TEAM RUBICON 6171 W CENTURY BLVD NO 310 LOS ANGELES, CA 90045-5300	**-***0480	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
TEEN CHALLENGE OF FLORIDA INC 15 W 10TH ST COLUMBUS, GA 31901-2744	**-***9228	501(C)(3)	8,000.	0.			GENERAL DONATION
TEMPLE ISRAEL, INC. P.O. BOX 5086 COLUMBUS, GA 31906-0086	**-***4115	501(C)(3)	5,971.	0.			MULTIPLE SUPPORT
THE ATLANTA-FULTON PUBLIC LIBRARY FOUNDATION, INC. - 1 MARGARET MITCHELL SQ NW - ATLANTA, GA 30303	**-***7951	501(C)(3)	5,000.	0.			FOR THE CONTINUED SUPPORT OF THE ORGANIZATION
THE CHATTAHOOCHEE VALLEY STATE COMMUNITY COLLEGE FOUNDATION - 2602 COLLEGE DR - PHENIX CITY, AL 36869-7960	**-***9371	501(C)(3)	16,500.	0.			MULTIPLE SUPPORT
THE COLUMBUS BOTANICAL GARDENS, INC. - 3603 WEEMS RD - COLUMBUS, GA 31909-3701	**-***7596	501(C)(3)	173,850.	0.			MULTIPLE SUPPORT
THE COLUMBUS MUSEUM, INC. 1251 WYNNTON RD COLUMBUS, GA 31906-2810	**-***2894	501(C)(3)	230,510.	0.			MULTIPLE SUPPORT
THE STUDY HALL, INC. 1010 CREW ST SW ATLANTA, GA 30315-1712	**-***0316	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
THE WYNN HOUSE, INC. 1240 WYNNTON RD COLUMBUS, GA 31906-2812	**-***3391	501(C)(3)	8,500.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREES COLUMBUS, INC. PO BOX 1531 COLUMBUS, GA 31902-1531	**-***9040	501(C)(3)	212,200.	0.			MULTIPLE SUPPORT
TRINITY EPISCOPAL CHURCH 1130 1ST AVENUE COLUMBUS, GA 31901	**-***0868	501(C)(3)	72,800.	0.			MULTIPLE SUPPORT
TRINITY PRESBYTERIAN CHURCH 3003 HOWELL MILL ROAD ATLANTA, GA 30327	**-***7087	501(C)(3)	15,000.	0.			ANNUAL GIFT
TRINITY SCHOOL, INC. 4301 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327-3014	**-***7585	501(C)(3)	38,000.	0.			MULTIPLE SUPPORT
TROUP CARES, INC. PO BOX 800027 LAGRANGE, GA 30240-0001	**-***6300	501(C)(3)	10,000.	0.			NURSE PRACTITIONER SUPPORT PROGRAM (WEST POINT, GA PATIENT POPULATION 2020)
TROY UNIVERSITY FOUNDATION ONE UNIVERSITY PLACE PHENIX CITY, AL 36869	**-***7755	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT
TRUTH SPRING INCORPORATED 3314 5TH AVE COLUMBUS, GA 31904-7516	**-***3712	501(C)(3)	35,500.	0.			MULTIPLE SUPPORT
TWIN CEDARS YOUTH AND FAMILY SERVICES, INC. - PO BOX 1526 - LAGRANGE, GA 30241-0032	**-***3499	501(C)(3)	25,209.	0.			MULTIPLE SUPPORT
UMCOR - UNITED METHODIST COMMITTEE ON RELIEF OF GLOBAL MINISTRIES, INC. - P.O. BOX 9068 - NEW YORK, NY 10087-9068	**-***9602	501(C)(3)	10,000.	0.			FIGHTING COVID-19 WITH FOOD

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF METRO ATLANTA 100 EDGEWOOD AVENUE N.E. ATLANTA, GA 30303	**-***6194	501(C)(3)	5,000.	0.			GREATER ATLANTA COVID-19 RESPONSE AND RECOVERY FUND
UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - P.O. BOX 1157 - COLUMBUS, GA 31902-1157	**-***2434	501(C)(3)	406,248.	0.			MULTIPLE SUPPORT
UNITED WAY OF WEST GEORGIA, INC. PO BOX 532 LAGRANGE, GA 30241-0009	**-***6480	501(C)(3)	10,350.	0.			MULTIPLE SUPPORT
UNIVERSITY OF GEORGIA 220 HOLMES/HUNTER ACADEMIC BUILDING ATHENS, GA 30602	**-***1978	501(C)(3)	13,682.	0.			SCHOLARSHIPS
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE ATHENS, GA 30602	**-***3837	501(C)(3)	1,416,750.	0.			MULTIPLE SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 309 - CHAPEL HILL, NC 27514-0309	**-***1393	501(C)(3)	16,000.	0.			MULTIPLE SUPPORT
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY RICHMOND, VA 23173-0001	**-***5965	501(C)(3)	15,000.	0.			MULTIPLE SUPPORT
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - P.O. BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	**-***5595	501(C)(3)	5,000.	0.			UNIVERSITY OF VIRGINIA - VIRGINIA POLO
UPTOWN COLUMBUS, INC. P.O. BOX 1237 COLUMBUS, GA 31901	**-***1594	501(C)(3)	5,100.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY HEALTHCARE SYSTEM, INC. 1600 FORT BENNING RD COLUMBUS, GA 31903-2834	**-***9205	501(C)(3)	15,000.	0.			BUILDOUT OF IN-SCHOOL HEALTH CLINIC
VALLEY INTERFAITH PROMISE INC P.O. BOX 1141 COLUMBUS, GA 31902	**-***9503	501(C)(3)	6,000.	0.			CHARITABLE DONATION
VALLEY RESCUE MISSION, INC. P.O. BOX 1232 COLUMBUS, GA 31902	**-***8148	501(C)(3)	25,375.	0.			MULTIPLE SUPPORT
VOICES OF THE VALLEY 900 BROADWAY COLUMBUS, GA 31901	**-***7918	501(C)(3)	10,000.	0.			GENERAL DONATION
WESLEYAN COLLEGE 4760 FORSYTH RD MACON, GA 31210-4407	**-***3438	501(C)(3)	22,150.	0.			MULTIPLE SUPPORT
WEST CENTRAL GEORGIA CANCER COALITION - 633 19TH STREET - COLUMBUS, GA 31901-1551	**-***7703	501(C)(3)	10,000.	0.			UTILITIES, HOUSING AND TRANSPORTATION ASSISTANCE
WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	**-***6376	501(C)(3)	11,000.	0.			MULTIPLE SUPPORT
WOMEN'S INITIATIVE FOR LEARNING AND DISCOVERY CORP. (WILD) - 536 FRONT AVE - COLUMBUS, GA 31901-3119	**-***4736	501(C)(3)	59,366.	0.			MULTIPLE SUPPORT
WOODBERRY FOREST SCHOOL 898 WOODBERRY FOREST ROAD WOODBERRY FOREST, VA 22989-8002	**-***9590	501(C)(3)	5,000.	0.			ANNUAL FUND

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLDVENTURE 20 IVERNESS PL E ENGLEWOOD, CO 80112-5622	**-***6163	501(C)(3)	5,000.	0.			CHARITABLE DONATION
WOUNDED WARRIORS FAMILY SUPPORT, INC. - 11218 JOHN GALT BOULEVARD - OMAHA, NE 68137-2358	**-***7520	501(C)(3)	10,000.	0.			ANNUAL CHARITABLE DONATION
WYNNBROOK BAPTIST CHURCH 500 RIVER KNOLL WAY COLUMBUS, GA 31904	**-***1245	501(C)(3)	5,000.	0.			WYNNBROOK CHRISTIAN SCHOOL
WYNNTON NEIGHBORHOOD NETWORK, INC. 2100 HILTON AVENUE COLUMBUS, GA 31906	**-***6105	501(C)(3)	14,850.	0.			IMMEDIATE NEEDS
YMCA OF METRO COLUMBUS P.O. BOX 1640 COLUMBUS, GA 31902	**-***8697	501(C)(3)	5,000.	0.			PROVIDE CRITICAL CHILDCARE FOR MEDICAL PROFESSIONALS AND STAFF WHO WORK AT PIEDMONT
YOUNG LIFE CHARLOTTE 4420 REA RD CHARLOTTE, NC 28226-2635	**-***5934	501(C)(3)	15,000.	0.			MULTIPLE SUPPORT
YOUNG LIFE- COLUMBUS, GA 2750 SOWEGA DRIVE COLUMBUS, GA 31909	**-***5934	501(C)(3)	51,300.	0.			MULTIPLE SUPPORT
YOUNG LIFE NORTHWEST ATLANTA PO BOX 724731 ATLANTA, GA 31139	**-***5934	501(C)(3)	5,000.	0.			ANNUAL CHARITABLE DONATION
YOUNG LIFE SOUTHEAST REGION P.O. BOX 7753 MARIETTA, GA 30065-1753	**-***5934	501(C)(3)	8,000.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ORCHESTRA ASSOCIATION OF GREATER COLUMBUS, INC. - PO BOX 8612 - COLUMBUS, GA 31908-8612	**-***9186	501(C)(3)	9,377.	0.			MULTIPLE SUPPORT
GREATER COLUMBUS CHAMBER OF COMMERCE - P.O. BOX 1200 - COLUMBUS, GA 31902-1200	**-***1875	501(C)(6)	15,948.	0.			MULTIPLE SUPPORT
DIRECT & PAYMENTS ON BEHALF OF 20 CHARITABLE & 501(C)(3) ORGANIZATIONS - VARIOUS - COLUMBUS, GA 31901			580,092.	0.			MULTIPLE SUPPORT

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PARKS MEMORIAL PUBLIC LIBRARY MURALS	1	9,000.	0.		
SUBSTANCE ABUSE COUNSELING	1	5,830.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CHATTAHOOCHEE VALLEY EPISCOPAL MINISTRY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FINANCIAL ASSISTANCE TO  
INDIVIDUALS (RENT, UTILITIES, TRANSPORTATION, AND OTHER ESSENTIAL  
SERVICES).

NAME OF ORGANIZATION OR GOVERNMENT:

OMEGA LAMBDA SOCIAL ACTION AND SCHOLARSHIP FOUNDATION, INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PRODUCTION AND  
INSTALLATION COSTS ASSOCIATED WITH THE MARTIN LUTHER KING, JR., OUTDOOR  
LEARNING TRAIL

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF METRO COLUMBUS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE CRITICAL CHILDCARE FOR  
MEDICAL PROFESSIONALS AND STAFF WHO WORK AT PIEDMONT COLUMBUS REGIONAL



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.** Employer identification number **\*\* - \*\*\*1589**

**Part I Questions Regarding Compensation**

**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.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**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 ..... **1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the 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.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

**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 ..... **8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ..... **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

**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 aren't 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.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.** Employer identification number **\*\*-\*\*\*1589**

**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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

COMMUNITY FOUNDATION OF THE  
CHATTAHOOCHEE VALLEY, INC.

Schedule M (Form 990) 2019

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

SCHEDULE M, LINE 32B:

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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.</b>	Employer identification number <b>** - ***1589</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE GIVING EASY, FAST AND EFFECTIVE.

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

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.

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.

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.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.	Employer identification number **-***1589
---------------------------------------------------------------------------------------	----------------------------------------------

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.

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 MAILS, EMAILS, 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.

FORM 990, PART XI, LINE 2C

THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

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

**2019**

For calendar year 2019 or other tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**

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

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

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>** - ** 1589</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>1340 13TH STREET</b>	<b>E</b> Unrelated business activity code (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code <b>COLUMBUS, GA 31901-2345</b>	

<b>C</b> Book value of all assets at end of year <b>203,858,921.</b>	<b>F</b> Group exemption number (See instructions.) ▶
	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **NONE**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

**J** The books are in care of ▶ **BETSY COVINGTON** Telephone number ▶ **706-320-0027**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	0.	

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	<b>Total deductions.</b> Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	0.



<b>Part III Total Unrelated Business Taxable Income</b>			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

<b>Part IV Tax Computation</b>			
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

<b>Part V Tax and Payments</b>			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT & CEO** Title \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER A. MILLER, CPA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00189493</b>
	Firm's name <b>ROBINSON, GRIMES &amp; CO., P.C.</b> <b>P.O. BOX 4299</b>			Firm's EIN <b>** - ***4304</b>	
	Firm's address <b>COLUMBUS, GA 31914</b>			Phone no. <b>706-324-5435</b>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6				
3	Cost of labor .....	3			from line 5. Enter here and in Part I,				
4a	Additional section 263A costs			7	line 2 .....				
	(attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b		8	Do the rules of section 263A (with respect to			Yes	No
					property produced or acquired for resale) apply to				
5	<b>Total.</b> Add lines 1 through 4b .....	5			the organization? .....				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 25. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

COMMUNITY FOUNDATION OF THE

Form 990-T (2019) CHATTAHOOCHEE VALLEY, INC.

\*\*-\*\*\*1589

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2019)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.</b>	Taxpayer identification number (TIN)  <b>** - *** 1589</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1340 13TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, GA 31901-2345</b>	

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

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

**BETSY COVINGTON**

- The books are in the care of ▶ **1340 13TH ST - COLUMBUS, GA 31901-2345**  
Telephone No. ▶ **706-320-0027** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

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<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.</b>	Taxpayer identification number (TIN)  <b>** - *** 1589</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1340 13TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, GA 31901-2345</b>	

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

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

**BETSY COVINGTON**

- The books are in the care of ▶ **1340 13TH ST - COLUMBUS, GA 31901-2345**  
Telephone No. ▶ **706-320-0027** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
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**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

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

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