

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1340 13TH STREET City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, GA 31901-2345 F Name and address of principal officer: BETSY W. COVINGTON SAME AS C ABOVE | D Employer identification number ** - *** 1589 E Telephone number 706-320-0027 G Gross receipts \$ 41,275,337. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.CFCV.COM | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1998 M State of legal domicile: GA |

Part I Summary

| | 1 Briefly describe the organization's mission or most significant activities: HELPING MORE THAN 1,000 DONORS AND THEIR FAMILIES CREATE AND SUPPORT PHILANTHROPIC FUNDS TO MAKE | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---------------------------|-------------|--|--|---------------------|---|---|-------------------|--|---|---------------------|-------------------|--|-----------|-----------|--|--------------------|
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | | | | | | | | | | | | | | | | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 18 | | | | | | | | | | | | | | | | | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 17 | | | | | | | | | | | | | | | | | | |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 6 | | | | | | | | | | | | | | | | | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 17 | | | | | | | | | | | | | | | | | | |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. | | | | | | | | | | | | | | | | | | |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. | | | | | | | | | | | | | | | | | | |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">24,271,749.</td> <td style="text-align: right;">19,279,505.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">5,648,209.</td> <td style="text-align: right;">5,682,708.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">29,919,958.</td> <td style="text-align: right;">24,962,213.</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 24,271,749. | 19,279,505. | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,648,209. | 5,682,708. | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 29,919,958. |
| | | Prior Year | Current Year | | | | | | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | | 24,271,749. | 19,279,505. | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 5,648,209. | 5,682,708. | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 29,919,958. | 24,962,213. | | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | 0. | | | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,648,209. | | | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | | | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 29,919,958. | | | | | | | | | | | | | | | | | | | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,829,953. | | | | | | | | | | | | | | | | | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | | | | | | | | | | | | | | | | | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 587,835. | | | | | | | | | | | | | | | | | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | | | | | | | | | | | | | | | | | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 234,173. | 636,979. | | | | | | | | | | | | | | | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 534,326. | | | | | | | | | | | | | | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,952,114. | | | | | | | | | | | | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 17,967,844. | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">157,091,268.</td> <td style="text-align: right;">173,549,909.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">2,041,618.</td> <td style="text-align: right;">3,004,656.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">155,049,650.</td> <td style="text-align: right;">170,545,253.</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 157,091,268. | 173,549,909. | 21 Total liabilities (Part X, line 26) | 2,041,618. | 3,004,656. | 22 Net assets or fund balances. Subtract line 21 from line 20 | 155,049,650. | 170,545,253. | | | | | | |
| | | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | |
| | 20 Total assets (Part X, line 16) | 157,091,268. | 173,549,909. | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 2,041,618. | 3,004,656. | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 155,049,650. | 170,545,253. | | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 2,041,618. | | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 155,049,650. | | | | | | | | | | | | | | | | | | | |

Part II Signature Block

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

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

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

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Form 990 (2017)

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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 \$ 12,885,109. including grants of \$ 12,768,022.) (Revenue \$ _____)
THE FOUNDATION RECEIVED \$19,279,505 IN CONTRIBUTION INCOME FROM APPROXIMATELY 483 DONORS DURING THE YEAR. IN ADDITION, GRANTS WERE DISPERSED TO APPROXIMATELY 657 RECIPIENTS TOTALING \$12,768,022.

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

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

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

4e Total program service expenses **12,885,109.**

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

Part IV Checklist of Required Schedules

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

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Form 990 (2017)

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Form 990 (2017)

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Form 990 (2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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 |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | X | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

Form 990 (2017)

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

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 18 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 17 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 | Did the organization have members or stockholders? | 6 | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | 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 | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | 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 |
| 13 | Did the organization have a written whistleblower policy? | 13 | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X |
| 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). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BETSY COVINGTON - 706-320-0027**
1340 13TH ST, COLUMBUS, GA 31901-2345

COMMUNITY FOUNDATION OF THE
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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.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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) KENNETH HENSON, JR. IMMEDIATE PAST CHAIR/BOARD DEVELOPME | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) TYLER A. TOWNSEND TREASURER/ CHAIR, INVESTMENT COMMITT | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) ALAN F. ROTHSCHILD, JR. GENERAL COUNSEL | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) MELANIE V. SLATON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) LARAE DIXON MOORE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) MURRAY L. SOLOMON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) WILLIAM J. BURGIN SECRETARY | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) MARQUETTE MCKNIGHT CHAIR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) VICTORIA BARRETT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) JACKI W. LOWE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) FREDERICK J. CRAWFORD TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) ISAIAH HUGLEY TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) CINDY B. SPARKS TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DAVID M. WHITE CHAIR DISTRIBUTIONS | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) THERESA THORNTON 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. |

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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) BETSY COVINGTON PRESIDENT & CEO | 40.00 | | | X | | | | 173,697. | 0. | 14,720. |
| (19) LEAH POOLE CFO | 40.00 | | | | | X | | 119,100. | 0. | 11,823. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 292,797. | 0. | 26,543. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 292,797. | 0. | 26,543. |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| PRIME BUCHHOLZ, 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801 | INVESTMENT FEES | 113,712. |
| | | |
| | | |
| | | |

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**

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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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 19,279,505. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 10,595,911. | | | | |
| | h Total. Add lines 1a-1f | ▶ 19,279,505. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | ▶ | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 2,137,740. | | | 2,137,740. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 16,313,124. | | | |
| | | c Gain or (loss) | 3,544,968. | | | |
| | d Net gain or (loss) | ▶ 3,544,968. | 3,544,968. | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | ▶ | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a _____ | | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ | | | | |
| 12 Total revenue. See instructions. | ▶ | 24,962,213. | 3,544,968. | 0. | 2,137,740. | |

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

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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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 12,742,057. | 12,742,057. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 25,965. | 25,965. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 189,126. | 18,913. | 132,388. | 37,825. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 358,089. | 35,809. | 250,662. | 71,618. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 49,330. | 4,933. | 34,531. | 9,866. |
| 10 Payroll taxes | 40,434. | 4,043. | 28,304. | 8,087. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 2,340. | 234. | 1,638. | 468. |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 283,683. | 28,369. | 198,578. | 56,736. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 24,950. | 2,495. | 17,465. | 4,990. |
| 12 Advertising and promotion | 39,271. | 3,927. | 27,490. | 7,854. |
| 13 Office expenses | 22,878. | 2,287. | 16,015. | 4,576. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 49,914. | 4,992. | 34,939. | 9,983. |
| 17 Travel | 2,934. | 293. | 2,054. | 587. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,244. | | 5,244. | |
| 23 Insurance | 8,581. | 858. | 6,007. | 1,716. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SOFTWARE | 40,707. | 4,071. | 28,495. | 8,141. |
| b DUES & SUBSCRIPTIONS | 15,981. | 1,598. | 11,187. | 3,196. |
| c BOARD & STAFF DEVELOPME | 14,936. | 1,494. | 10,455. | 2,987. |
| d DONOR DEVELOPMENT | 14,233. | 1,423. | 9,963. | 2,847. |
| e All other expenses | 13,559. | 1,348. | 9,515. | 2,696. |
| 25 Total functional expenses. Add lines 1 through 24e | 13,944,212. | 12,885,109. | 824,930. | 234,173. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

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

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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 | |
|---|---|--------------------------|-----------|--------------------|--------------|
| Assets | 1 Cash - non-interest-bearing | 193,324. | 1 | 179,207. | |
| | 2 Savings and temporary cash investments | 8,780,429. | 2 | 10,307,492. | |
| | 3 Pledges and grants receivable, net | 5,722,458. | 3 | 49,500. | |
| | 4 Accounts receivable, net | 1,817. | 4 | 4,458. | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 Notes and loans receivable, net | | | 7 | |
| | 8 Inventories for sale or use | | | 8 | |
| | 9 Prepaid expenses and deferred charges | | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 295,348. | | | |
| | b Less: accumulated depreciation | 10b 259,591. | 23,233. | 10c | 35,757. |
| | 11 Investments - publicly traded securities | 57,414,969. | 11 | | 59,917,597. |
| | 12 Investments - other securities. See Part IV, line 11 | 84,955,038. | 12 | | 102,245,789. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 0. | 15 | | 810,109. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 157,091,268. | 16 | | 173,549,909. | |
| Liabilities | 17 Accounts payable and accrued expenses | 31,315. | 17 | 33,015. | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,010,303. | 25 | | 2,971,641. |
| | 26 Total liabilities. Add lines 17 through 25 | 2,041,618. | 26 | | 3,004,656. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 Unrestricted net assets | 149,327,192. | 27 | 169,685,644. | |
| | 28 Temporarily restricted net assets | 5,722,458. | 28 | 859,609. | |
| | 29 Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 155,049,650. | 33 | | 170,545,253. | |
| 34 Total liabilities and net assets/fund balances | 157,091,268. | 34 | | 173,549,909. | |

Form 990 (2017)

**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

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 24,962,213. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,944,212. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 11,018,001. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 155,049,650. |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,477,602. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 170,545,253. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|----------|----------|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10146767. | 16688384. | 20942204. | 23982359. | 18469396. | 90229110. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10146767. | 16688384. | 20942204. | 23982359. | 18469396. | 90229110. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 43260179. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 46968931. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 10146767. | 16688384. | 20942204. | 23982359. | 18469396. | 90229110. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1015871. | 1282001. | 1309846. | 1772875. | 2137740. | 7518333. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 97747443. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 48.05 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 50.01 % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2017; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2017; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. 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.

b 33 1/3% support tests - 2016. 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.

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

COMMUNITY FOUNDATION OF THE

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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 | 215 | 52 |
| 2 Aggregate value of contributions to (during year) | 15,637,569. | 2,418,006. |
| 3 Aggregate value of grants from (during year) | 9,713,089. | 2,827,066. |
| 4 Aggregate value at end of year | 132,556,485. | 31,483,315. |
| 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 (e.g., 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? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2017

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 143,772,263. | 118,126,466. | 96,858,707. | 97,947,753. | 93,013,608. |
| b Contributions | 9,135,419. | 15,648,194. | 19,512,117. | 7,686,971. | 1,026,785. |
| c Net investment earnings, gains, and losses | 9,833,467. | 13,931,086. | 7,800,175. | -5,251,711. | 5,711,304. |
| d Grants or scholarships | 4,519,949. | 2,977,124. | 5,295,737. | 2,779,139. | 1,074,917. |
| e Other expenditures for facilities and programs | 1,040,498. | 956,359. | 748,796. | 745,167. | 729,027. |
| f Administrative expenses | | | | | |
| g End of year balance | 157,180,702. | 143,772,263. | 118,126,466. | 96,858,707. | 97,947,753. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 99.70 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .30 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 163,252. | 153,729. | 9,523. |
| d Equipment | | 132,096. | 105,862. | 26,234. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 35,757. |

**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) ALTERNATIVE INVESTMENTS | 48,638,635. | END-OF-YEAR MARKET VALUE |
| (B) VANGUARD 500 INDEX FUND | 14,670,445. | END-OF-YEAR MARKET VALUE |
| (C) VANGUARD STAR FUND TOTAL | | |
| (D) INTL STOCK INDEX | 18,883,908. | END-OF-YEAR MARKET VALUE |
| (E) VANGUARD INDEX FUNDS | | |
| (F) TOTAL STOCK | 20,052,801. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 102,245,789. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|-------------------|
| (1) Federal income taxes | |
| (2) ORGANIZATION FUNDS | 2,971,641. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 2,971,641. |

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

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE 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 | 29,439,815. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 4,477,602. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 4,477,602. |
| 3 | Subtract line 2e from line 1 | 3 | 24,962,213. |
| 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 | 24,962,213. |

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 | 13,944,212. |
| 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 | 13,944,212. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 13,944,212. |

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, 2018, 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------------------|--|---------------------------------|--|--|--|---|
| 107.7 THE TRUTH, INC. PO BOX 5657 COLUMBUS, GA 31906 | ●●*: *—** - *505002(3) | | 10,250. | 0. | | | GENERAL DONATION |
| AG GIVING/ CENTRAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N. BOONVILLE, AVE. - SPRINGFIELD, MO 65802 | ●●*: *—** - *507707(3) | | 6,000. | 0. | | | MISSIONARY WORK |
| ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 5156 RIVER RD. - COLUMBUS, GA 31904 | ●●*: *—** - *509601(3) | | 29,150. | 0. | | | MULTIPLE SUPPORT |
| AMERICAN CANCER SOCIETY 233 12TH STREET COLUMBUS, GA 31901 | ●●*: *—** - *508401(3) | | 15,900. | 0. | | | MULTIPLE SUPPORT |
| AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE ARLINGTON, VA 22202 | ●●*: *—** - *508008(3) | | 5,700. | 0. | | | MULTIPLE SUPPORT |
| AMERICAN RED CROSS 2700 SOUTHWEST FWY HOUSTON, TX 77098 | ●●*: *—** - *505605(3) | | 10,000. | 0. | | | HURRICANE HARVEY RELIEF |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **230.**

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.

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 |
|--|-----------------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ANDREW COLLEGE 501 COLLEGE ST. CUTHBERT, GA 39840 | ●●*: *—** - 508607(3) | | 70,500. | 0. | | | MULTIPLE SUPPORT |
| APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32007 - BOONE, NC 28608 | ●●*: *—** - 509009(3) | | 10,000. | 0. | | | MULTIPLE SUPPORT |
| ARTHRITIS FOUNDATION 1355 PEACHTREE STREET NE ATLANTA, GA 30309 | ●●*: *—** - 501609(3) | | 10,100. | 0. | | | MULTIPLE SUPPORT |
| ARTS ASSOCIATION OF EAST ALABAMA 1103 GLENN AVE. OPELIKA, AL 36801 | ●●*: *—** - 500501(3) | | 6,000. | 0. | | | PRAGUE PHILHARMONIC CHILDREN'S CHOIR COMMUNITY RESIDENCY |
| ASBURY THEOLOGICAL SEMINARY 204 N. LEXINGTON AVENUE WILMORE, KY 40390 | ●●*: *—** - 505002(3) | | 5,000. | 0. | | | GENERAL DONATION |
| ASHEVILLE SCHOOL, INC. 360 ASHEVILLE SCHOOL ROAD ASHEVILLE, NC 28806 | ●●*: *—** - 500002(3) | | 10,000. | 0. | | | GENERAL DONATION |
| ATLANTA CENTER FOR SELF SUFFICIENCY, INC. - 460 EDGEWOOD AVE, SE - ATLANTA, GA 30312 | ●●*: *—** - 509005(3) | | 5,000. | 0. | | | GENERAL DONATION |
| ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA, GA 30308 | ●●*: *—** - 505009(3) | | 10,000. | 0. | | | GENERAL DONATION |
| ATLANTA HISTORICAL SOCIETY, INC 130 W. PACES FERRY ROAD ATLANTA, GA 30305 | ●●*: *—** - 505102(3) | | 107,600. | 0. | | | MULTIPLE SUPPORT |

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COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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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 |
|--|-------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ATLANTA MISSION 2353 BOLTON RD. NW ATLANTA, GA 30318 | ●●*: *___* - *502400(3) | | 5,000. | 0. | | | GENERAL DONATION |
| ATLANTA YOUTH ACADEMIES FOUNDATION , INC. - PO BOX 18237 - ATLANTA, GA 30316 | ●●*: *___* - *501500(3) | | 22,000. | 0. | | | MULTIPLE SUPPORT |
| AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET AUBURN, AL 36849 | ●●*: *___* - *502402(3) | | 39,100. | 0. | | | MULTIPLE SUPPORT |
| BALD HEAD ISLAND CONSERVANCY 700 FEDERAL ROAD BALD HEAD ISLAND, NC 28461 | ●●*: *___* - *501405(3) | | 25,000. | 0. | | | GENERAL DONATION |
| BEGIN AGAIN FARMS, INC. PO BOX 242 HAMILTON, GA 31811 | ●●*: *___* - *501001(3) | | 5,750. | 0. | | | GENERAL DONATION |
| BILLY GRAHAM EVANGELISTIC ASSOCIATION - 1 BILLY GRAHAM PARKWAY - CHARLOTTE, NC 28201 | ●●*: *___* - *502000(3) | | 5,000. | 0. | | | GENERAL DONATION |
| BORDERLINKS 620 S. 6TH AVE. TUCSON, AZ 85701 | ●●*: *___* - *501505(3) | | 10,000. | 0. | | | MARIPOSAS SIN FRONTERAS: CASA MARIPOSA |
| BOY SCOUTS OF AMERICA COUNCIL 1800 CIRCLE 75 PKWY SE ATLANTA, GA 30339 | ●●*: *___* - *501002(3) | | 5,000. | 0. | | | ATLANTA AREA COUNCIL - PEACH OF AN ATHLETE ROLE MODEL BANQUET |
| BOY SCOUTS OF AMERICA, CHATTAHOOCHEE COUNCIL - 1237 1ST AVENUE - COLUMBUS, GA 31901 | ●●*: *___* - *501500(3) | | 26,850. | 0. | | | MULTIPLE SUPPORT |

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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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 |
|---|------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BOYS & GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY - 1700 BUENA VISTA ROAD - COLUMBUS, GA 31906 | ●●*: *___* - 501003(3) | | 72,900. | 0. | | | MULTIPLE SUPPORT |
| BROOKSTONE SCHOOL 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904 | ●●*: *___* - 503600(3) | | 274,219. | 0. | | | MULTIPLE SUPPORT |
| CAMP TWIN LAKES, INC. 1100 SPRING STREET ATLANTA, GA 30309 | ●●*: *___* - 505702(3) | | 10,000. | 0. | | | GENERAL DONATION |
| CAMP VIOLA, INC. PO BOX 1526 LAGRANGE, GA 30241 | ●●*: *___* - 505045(3) | | 7,500. | 0. | | | CAMP VIOLA, FOSTER CARE RESPITE CAMPS OPERATING FUND |
| CAMPUS CHURCH, INC. P.O. BOX 2596 AUBURN, AL 36831 | ●●*: *___* - 503001(3) | | 5,000. | 0. | | | GENERAL DONATION |
| CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - P.O. BOX 628222 - ORLANDO, FL 32862 | ●●*: *___* - 505103(3) | | 11,700. | 0. | | | MULTIPLE SUPPORT |
| CAPE ANN MUSEUM, INC. 27 PLEASANT STREET GLOUCESTER, MA 01930 | ●●*: *___* - 503645(3) | | 25,000. | 0. | | | EXHIBITION CATALOGUE OR AREA OF GREATEST NEED - HOMER AT THE BEACH EXHIBIT SUPPORT IN HONOR |
| CASHIERS UNITED METHODIST CHURCH P.O. BOX 162 CASHIERS, NC 28717 | ●●*: *___* - 505707(3) | | 22,000. | 0. | | | GENERAL DONATION |
| CATHOLIC SCHOOLS FOUNDATION, INC 67 BATTERYMARCH STREET BOSTON, MA 02110 | ●●*: *___* - 505502(3) | | 31,000. | 0. | | | INNER CITY SCHOLARSHIP FUND |

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 |
|--|-------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531 | ●●*: *___* - *505608(3) | | 12,500. | 0. | | | MULTIPLE SUPPORT |
| CHATTAHOOCHEE RIVERWARDEN, INC. P.O. BOX 985 COLUMBUS, GA 31902 | ●●*: *___* - *509705(3) | | 100,090. | 0. | | | MULTIPLE SUPPORT |
| CHATTAHOOCHEE VALLEY LAND TRUST P.O. BOX 175 COLUMBUS, GA 31902 | ●●*: *___* - *508605(3) | | 7,000. | 0. | | | GENERAL DONATION |
| CHILDFUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294 | ●●*: *___* - *505100(3) | | 10,000. | 0. | | | CHILDREN'S GREATEST NEEDS FUND |
| CHILDREN'S HARBOR, INC. 1 OUR CHILDREN'S HWY. ALEXANDER CITY, AL 35010 | ●●*: *___* - *502000(3) | | 9,000. | 0. | | | GENERAL DONATION |
| CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION - 3395 NE EXPRESSWAY SUITE 100 - ATLANTA, GA 30341 | ●●*: *___* - *501601(3) | | 63,959. | 0. | | | MULTIPLE SUPPORT |
| CHILDREN'S HOSPITAL OF THE KING'S DAUGHTER, INC. - 601 CHILDREN'S LANE - NORFOLK, VA 23507 | ●●*: *___* - *505001(3) | | 5,377. | 0. | | | PEDIATRIC ONCOLOGY |
| CHRIS 180 1017 FAYETTEVILLE RD. ATLANTA, GA 30316 | ●●*: *___* - *501100(3) | | 5,000. | 0. | | | GENERAL DONATION |
| CHRIST COMMUNITY CHURCH 4078 MILGEN RD COLUMBUS, GA 31907 | ●●*: *___* - *501000(3) | | 15,600. | 0. | | | MULTIPLE SUPPORT |

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COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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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 |
|---|-------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CLEMENT ARTS P.O. BOX 1142 FORTSON, GA 31808 | ●●*: *___* - *509600(3) | | 8,000. | 0. | | | MULTIPLE SUPPORT |
| COACH'S CORNER OF METRO ATLANTA 2799 NORTHSIDE DRIVE, N.W. ATLANTA, GA 30305 | ●●*: *___* - *501564(3) | | 30,000. | 0. | | | GENERAL DONATION |
| COLUMBUS AREA HABITAT FOR HUMANITY, INC. - P.O. BOX 1193 - COLUMBUS, GA 31902 | ●●*: *___* - *505102(3) | | 57,396. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS BAPTIST ASSOCIATION 3679 STEAM MILL ROAD COLUMBUS, GA 31906 | ●●*: *___* - *505045(3) | | 52,000. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS BOTANICAL GARDEN, INC. 3603 WEEMS ROAD COLUMBUS, GA 31909 | ●●*: *___* - *507505(3) | | 88,250. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS HIGH SCHOOL ALUMNI ASSOCIATION, INC. - P.O. BOX 5353 - COLUMBUS, GA 31906 | ●●*: *___* - *501605(3) | | 24,479. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS HOSPICE, INC. 7020 MOON ROAD COLUMBUS, GA 31909 | ●●*: *___* - *505005(3) | | 8,400. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS MUSEUM, INC. 1251 WYNNTON ROAD COLUMBUS, GA 31906 | ●●*: *___* - *502004(3) | | 69,750. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS REGIONAL HEALTH FOUNDATION, INC. - P.O. BOX 790 - COLUMBUS, GA 31902 | ●●*: *___* - *501642(3) | | 531,251. | 0. | | | MULTIPLE SUPPORT |

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CHATTAHOOCHEE VALLEY, INC.

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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.)

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|---|-------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| COLUMBUS REGIONAL TENNIS ASSOCIATION, INC. (CORTA) - P.O. BOX 8236 - COLUMBUS, GA 31908 | ●●*: *___* - *503404(3) | | 17,833. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS STATE UNIVERSITY-FINANCIAL AID OFFICE - 4225 UNIVERSITY AVENUE - COLUMBUS, GA 31907 | ●●*: *___* - *171008(1) | | 8,200. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS STATE UNIVERSITY FOUNDATION - 4225 UNIVERSITY AVE - COLUMBUS, GA 31907 | ●●*: *___* - *503408(3) | | 236,957. | 0. | | | MULTIPLE SUPPORT |
| COLUMBUS SYMPHONY ORCHESTRA, INC. P.O. BOX 1499 COLUMBUS, GA 31902 | ●●*: *___* - *505709(3) | | 47,836. | 0. | | | MULTIPLE SUPPORT |
| COMMUNITIES OF COASTAL GEORGIA FOUNDATION - 1626 FREDERICA ROAD - ST. SIMONS ISLAND, GA 31522 | ●●*: *___* - *501709(3) | | 109,710. | 0. | | | MULTIPLE SUPPORT |
| COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 4300 W. CYPRESS STREET - TAMPA, FL 33607 | ●●*: *___* - *501058(3) | | 37,441. | 0. | | | MULTIPLE SUPPORT |
| CONVERSE COLLEGE 580 EAST MAIN STREET SPARTANBURG, SC 29302 | ●●*: *___* - *501060(3) | | 12,000. | 0. | | | ANNUAL FUND |
| COOPERATION JACKSON OF MISSISSIPPI PO BOX 1932 JACKSON, MS 39215 | ●●*: *___* - *503002(3) | | 10,000. | 0. | | | GENERAL DONATION |
| CORPORATE ACCOUNTABILITY 10 MILK STREET BOSTON, MA 02108 | ●●*: *___* - *502605(3) | | 60,000. | 0. | | | GENERAL DONATION |

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| COUNCIL FOR ADVANCEMENT AND SUPPORT OF EDUCATION - 1307 NEW YORK AVENUE NW - WASHINGTON, DC 20005 | ●●*: *___** - *502007(3) | | 5,000. | 0. | | | CONFERENCE ON DIVERSE PHILANTHROPY AND LEADERSHIP |
| COVENANT HOUSE GEORGIA, INC. PO BOX 94465 ATLANTA, GA 30377 | ●●*: *___** - *503561(3) | | 10,000. | 0. | | | ANNUAL FUND |
| DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVE. BOSTON, MA 02215 | ●●*: *___** - *503040(3) | | 13,503. | 0. | | | MULTIPLE SUPPORT |
| DARLINGTON SCHOOL 1014 CAVE SPRINGS ROAD ROME, GA 30161 | ●●*: *___** - *505169(3) | | 127,500. | 0. | | | MULTIPLE SUPPORT |
| DAVIDSON COLLEGE PO BOX 7174 DAVIDSON, NC 28035 | ●●*: *___** - *509961(3) | | 7,500. | 0. | | | ANNUAL FUND |
| DC127, INC. 1616 7TH ST. NW WASHINGTON, DC 20001 | ●●*: *___** - *508803(3) | | 5,000. | 0. | | | GENERAL DONATION |
| DEPARTMENT OF NATURAL RESOURCES, ENGINEERING AND CONSULTING - 2 MARTIN LUTHER KING, JR. DR. SE - ATLANTA, GA 30334 | | 170(C)(1) | 10,000. | 0. | | | FOR STANDING BOY STATE PARK WETLAND DELINEATION SURVEY, TO ENABLE THE CONSTRUCTION OF A |
| DIRECT & PAYMENTS ON BEHALF OF 12 CHARITABLE & 501(3) ORGANIZATIONS - VARIOUS - COLUMBUS, GA 31901 | | | 403,376. | 0. | | | MULTIPLE SUPPORT |
| DIVISION FOR FAMILY AND CHILDREN SERVICES (DFACS) - PO BOX 2627 - COLUMBUS, GA 31902 | ●●*: *___** - *171068(1) | | 23,965. | 0. | | | FOSTER CARE SUPPORTIVE FUNDING ACTIVITIES: CHRISTMAS GIFTS HOLIDAY CELEBRATION AND CHILD AND |

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| DO GOOD FUND P.O. BOX 1199 COLUMBUS, GA 31902 | ●●*: *___* - *505209(3) | | 129,000. | 0. | | | MULTIPLE SUPPORT |
| DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET NEW YORK, NY 10006 | ●●*: *___* - *503452(3) | | 20,100. | 0. | | | MULTIPLE SUPPORT |
| DOWNTOWN ELEMENTARY MAGNET ACADEMY 1400 1ST AVENUE COLUMBUS, GA 31901 | | 170(C)(1) | 5,250. | 0. | | | FINE ARTS PROGRAM |
| DR. PHILLIPS CENTER FOR THE PERFORMING ARTS - 155 EAST ANDERSON STREET - ORLANDO, FL 32801 | ●●*: *___* - *505017(3) | | 15,000. | 0. | | | GENERAL DONATION |
| DUCKS UNLIMITED, INC. 2506 LEONIDAS DRIVE MONTGOMERY, AL 36106 | ●●*: *___* - *503709(3) | | 13,000. | 0. | | | MULTIPLE SUPPORT |
| EASTER SEALS OF WEST GEORGIA, INC. PO BOX 1690 FORTSON, GA 31808 | ●●*: *___* - *509205(3) | | 200,513. | 0. | | | MULTIPLE SUPPORT |
| EDGEWOOD BAPTIST CHURCH 3564 FORREST ROAD COLUMBUS, GA 31907 | ●●*: *___* - *505045(3) | | 13,200. | 0. | | | SOUND CHOICES |
| ELAINE CLARK CENTER FOR THE GROWTH & DEVELOPMENT OF EXCEPTIONAL CHILDREN, INC. - 5130 PEACHTREE IND BLVD - CHAMBLEE, GA 30341 | ●●*: *___* - *509401(3) | | 10,000. | 0. | | | FRANK CLARK MEMORIAL SCHOLARSHIP FUND |
| EMORY UNIVERSITY OFFICE OF GIFT ACCOUNTING - 1762 CLIFTON ROAD - ATLANTA, GA 30322 | ●●*: *___* - *505255(3) | | 101,400. | 0. | | | MULTIPLE SUPPORT |

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| ENOCH MINISTRIES 649 BUTTS MILL RD PINE MOUNTAIN, GA 31822 | ●●*: *___* - 509105(3) | | 10,000. | 0. | | | GENERAL DONATION |
| EPISCOPAL DIOCESE OF ATLANTA, INC. 2744 PEACHTREE ROAD NW ATLANTA, GA 30305 | ●●*: *___* - 502401(3) | | 83,333. | 0. | | | MSALATO FUND |
| EPWORTH BY THE SEA, INC. P.O. BOX 20407 ST. SIMONS ISLAND, GA 31522 | ●●*: *___* - 507701(3) | | 50,000. | 0. | | | D.A. TURNER APARTMENT RENOVATION |
| FAMILIES FIRST, INC. 80 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30314 | ●●*: *___* - 504801(3) | | 5,000. | 0. | | | GENERAL DONATION |
| FEEDING THE VALLEY, INC. 5928 COCA-COLA BOULEVARD COLUMBUS, GA 31908 | ●●*: *___* - 508101(3) | | 46,785. | 0. | | | MULTIPLE SUPPORT |
| FELLOWSHIP OF CHRISTIAN ATHLETES/ UGA CAMPUS MINISTRY - P.O. BOX 7476 - ATHENS, GA 30604 | ●●*: *___* - 501605(3) | | 5,000. | 0. | | | TO SUPPORT THE MINISTRY OF THOMAS SETTLES |
| FERST READERS, INC. P.O. BOX 4605 COLUMBUS, GA 31914 | ●●*: *___* - 509101(3) | | 5,000. | 0. | | | FERST READERS - TO SUPPORT FERST READERS FOCUS OF PROVIDING FREE BOOKS AND PARENT SUPPORT |
| FIRST BAPTIST CHURCH 212 12TH STREET COLUMBUS, GA 31901 | ●●*: *___* - 509005(3) | | 49,500. | 0. | | | MULTIPLE SUPPORT |
| FIRST PRESBYTERIAN CHURCH 120 BROAD STREET LAGRANGE, GA 30240 | ●●*: *___* - 509004(3) | | 25,600. | 0. | | | MULTIPLE SUPPORT |

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| FIRST PRESBYTERIAN CHURCH 1100 FIRST AVENUE COLUMBUS, GA 31909 | ●●*: *___* - *505601(3) | | 48,200. | 0. | | | MULTIPLE SUPPORT |
| FIRST TEE OF ATLANTA 1053 CASCADE CIRCLE SW ATLANTA, GA 30311 | ●●*: *___* - *501704(3) | | 5,000. | 0. | | | GENERAL DONATION |
| FIRST UNITED METHODIST CHURCH 401 BROAD STREET LAGRANGE, GA 30240 | ●●*: *___* - *505109(3) | | 8,000. | 0. | | | GENERAL DONATION |
| FOURTH STREET DAY CARE CENTER AND ACADEMY - P.O. BOX 2764 - COLUMBUS, GA 31902 | ●●*: *___* - *502009(3) | | 124,000. | 0. | | | MULTIPLE SUPPORT |
| FRED HASKINS COMMISSION, INC. COUNTRY CLUB OF COLUMBUS COLUMBUS, GA 31906 | ●●*: *___* - *502009(3) | | 27,250. | 0. | | | MULTIPLE SUPPORT |
| FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613 | ●●*: *___* - *501005(3) | | 7,500. | 0. | | | PARTNERS PROGRAM |
| GEORGIA HISTORICAL SOCIETY 104 W. GASTON STREET SAVANNAH, GA 31401 | ●●*: *___* - *503403(3) | | 5,000. | 0. | | | GEORGIA HISTORY FESTIVAL |
| GEORGIA PREVENTION PROJECT 3715 NORTHSIDE PARKWAY ATLANTA, GA 30327 | ●●*: *___* - *503002(3) | | 10,000. | 0. | | | GENERAL FUND |
| GEORGIA TECH FOUNDATION 760 SPRING STREET NW ATLANTA, GA 30308 | ●●*: *___* - *503004(3) | | 50,100. | 0. | | | MULTIPLE SUPPORT |

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| GEORGIA TRUST FOR HISTORIC PRESERVATION - 1516 PEACHTREE STREET, N.W. - ATLANTA, GA 30309 | ●●*: *—** - *501205(3) | | 7,500. | 0. | | | MULTIPLE SUPPORT |
| GIRLS, INC. OF COLUMBUS P.O. BOX 3096 COLUMBUS, GA 31903 | ●●*: *—** - *501441(3) | | 120,500. | 0. | | | MULTIPLE SUPPORT |
| GLOBAL TEEN CHALLENGE P.O. BOX 511 COLUMBUS, GA 31902 | ●●*: *—** - *502709(3) | | 93,500. | 0. | | | MULTIPLE SUPPORT |
| GRACE PRESBYTERIAN CHURCH OF COLUMBUS, INC. - P.O. BOX 4747 - COLUMBUS, GA 31914 | ●●*: *—** - *509801(3) | | 38,050. | 0. | | | MULTIPLE SUPPORT |
| HANDS ON ATLANTA 600 MEANS STREET NW ATLANTA, GA 30318 | ●●*: *—** - *501005(3) | | 10,000. | 0. | | | GENERAL DONATION |
| HARRIS COUNTY SCHOOL DISTRICT 132 BARNES MILL ROAD HAMILTON, GA 31811 | ●●*: *—** - *170200(1) | | 5,207. | 0. | | | PURCHASE OF EQUIPMENT FOR VI STUDENTS |
| HARVARD ART MUSEUMS 32 QUINCY STREET CAMBRIDGE, MA 02138 | ●●*: *—** - *503500(3) | | 6,750. | 0. | | | MULTIPLE SUPPORT |
| HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVENUE SOUTH, STE 132B MINNEAPOLIS, MN 55407 | ●●*: *—** - *509805(3) | | 20,000. | 0. | | | GENERAL DONATION |
| HISTORIC COLUMBUS FOUNDATION, INC. P.O. BOX 5312 COLUMBUS, GA 31906 | ●●*: *—** - *501005(3) | | 143,833. | 0. | | | MULTIPLE SUPPORT |

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| HISTORIC WESTVILLE, INC PO BOX 3442 COLUMBUS, GA 31903 | ●●*: *___* - 508405 | (3) | 37,676. | 0. | | | MULTIPLE SUPPORT |
| HOPE HARBOUR, INC. PO BOX 4182 COLUMBUS, GA 31914 | ●●*: *___* - 509057 | (3) | 18,500. | 0. | | | MULTIPLE SUPPORT |
| HOUSE OF HEROES, CHATTAHOOCHEE VALLEY CHAPTER - 1225 WEBSTER AVE. - COLUMBUS, GA 31901 | ●●*: *___* - 507603 | (3) | 97,000. | 0. | | | MULTIPLE SUPPORT |
| HOUSE OF HEROES, INC. 1225 WEBSTER AVE. COLUMBUS, GA 31901 | ●●*: *___* - 501704 | (3) | 5,000. | 0. | | | EFFORT TO ORGANIZE CHAPTERS BEYOND COLUMBUS |
| HOUSE OF MERCY 1532 THIRD AVENUE COLUMBUS, GA 31901 | ●●*: *___* - 501602 | (3) | 43,063. | 0. | | | MULTIPLE SUPPORT |
| HUGHSTON FOUNDATION, INC. PO BOX 9517 COLUMBUS, GA 31908 | ●●*: *___* - 504107 | (3) | 26,000. | 0. | | | MULTIPLE SUPPORT |
| HUMANE SOCIETY OF HARRIS COUNTY 3938 BARNES MILL ROAD HAMILTON, GA 31811 | ●●*: *___* - 501005 | (3) | 6,000. | 0. | | | MULTIPLE SUPPORT |
| I AM FOR THE URALS, INC. 2899 GRAHAM ROAD GRAY, GA 31032 | ●●*: *___* - 508405 | (3) | 16,500. | 0. | | | MULTIPLE SUPPORT |
| INTERNATIONAL FRIENDSHIP MINISTRIES - 3404 UNIVERSITY AVENUE - COLUMBUS, GA 31907 | ●●*: *___* - 505007 | (3) | 7,500. | 0. | | | GENERAL DONATION |

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| JEWISH WELFARE FEDERATION OF COLUMBUS, GEORGIA INC. - PO BOX 6313 - COLUMBUS, GA 31917 | ●●*: *___* - 503108(3) | | 8,207. | 0. | | | GENERAL DONATION |
| JOHNS HOPKINS UNIVERSITY 3400 NORTH CHARLES STREET BALTIMORE, MD 21218 | ●●*: *___* - 505100(3) | | 7,541. | 0. | | | MULTIPLE SUPPORT |
| JUNIOR SERVICE LEAGUE OF LAGRANGE P.O. BOX 2195 LAGRANGE, GA 30241 | ●●*: *___* - 509600(3) | | 25,000. | 0. | | | GENERAL FUNDS |
| KENTLER INTERNATIONAL DRAWING SPACE, INC. - 353 VAN BRUNT ST. - BROOKLYN, NY 11231 | ●●*: *___* - 501008(3) | | 35,000. | 0. | | | MULTIPLE SUPPORT |
| LAGRANGE ACADEMY 1501 VERNON ROAD LAGRANGE, GA 30240 | ●●*: *___* - 507409(3) | | 8,962. | 0. | | | MULTIPLE SUPPORT |
| LAGRANGE ART MUSEUM 112 LAFAYETTE SQUARE LAGRANGE, GA 30240 | ●●*: *___* - 505605(3) | | 11,707. | 0. | | | MULTIPLE SUPPORT |
| LAGRANGE COLLEGE 601 BROAD STREET LAGRANGE, GA 30240 | ●●*: *___* - 505109(3) | | 12,450. | 0. | | | MULTIPLE SUPPORT |
| LAGRANGE SYMPHONY ORCHESTRA, INC. PO BOX 2321 LAGRANGE, GA 30241 | ●●*: *___* - 502609(3) | | 31,138. | 0. | | | MULTIPLE SUPPORT |
| LEE COUNTY HISTORICAL SOCIETY PO BOX 206 LOACHAPOKA, AL 36865 | ●●*: *___* - 507405(3) | | 5,000. | 0. | | | SAY IT WITH MUSIC X2 |

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| LIBERTY THEATRE CULTURAL CENTER, INC. - PO BOX 1844 - COLUMBUS, GA 31902 | ●●*: *___* - *508251(3) | | 5,500. | 0. | | | GENERAL DONATION |
| LIFECYCLE BUILDING CENTER PO BOX 7661 ATLANTA, GA 30357 | ●●*: *___* - *505051(3) | | 5,000. | 0. | | | NEW TRUCK LIFT |
| LITERACY ACTION, INC. 231 PEACHTREE STREET NE ATLANTA, GA 30303 | ●●*: *___* - *503702(3) | | 5,000. | 0. | | | GENERAL DONATION |
| MAKE-A-WISH FOUNDATION OF GEORGIA INC. - 1775 THE EXCHANGE - ATLANTA, GA 30339 | ●●*: *___* - *505602(3) | | 26,000. | 0. | | | MULTIPLE SUPPORT |
| MANCHESTER DEVELOPMENT AUTHORITY PO BOX 583 MANCHESTER, GA 31816 | ●●*: *___* - *176462(1) | | 75,000. | 0. | | | FOR THE PRESIDENT THEATER |
| MARIST SCHOOL 3790 ASHFORD-DUNWOODY RD. NE ATLANTA, GA 30319 | ●●*: *___* - *505204(3) | | 22,167. | 0. | | | MULTIPLE SUPPORT |
| MASTERMEDIA INTERNATIONAL 330 N. SIXTH STREET #110 REDLANDS, CA 92374 | ●●*: *___* - *504543(3) | | 5,000. | 0. | | | MISSIONARY WORK |
| MERCER UNIVERSITY STUDENT FINANCIAL PLANNING MACON, GA 31207 | ●●*: *___* - *505167(3) | | 28,832. | 0. | | | MULTIPLE SUPPORT |
| MERCYMED OF COLUMBUS 3702 2ND AVE. COLUMBUS, GA 31904 | ●●*: *___* - *501003(3) | | 141,950. | 0. | | | MULTIPLE SUPPORT |

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| MERRIE WOODE FOUNDATION, INC. 100 MERRIE-WOODE ROAD SAPPHIRE, NC 28774 | ●●*: *___* - *505055(3) | | 80,000. | 0. | | | MULTIPLE SUPPORT |
| METHODIST HOME FOR CHILDREN AND YOUTH - PO BOX 2525 - MACON, GA 31203 | ●●*: *___* - *502071(3) | | 144,500. | 0. | | | MULTIPLE SUPPORT |
| MIDTOWN FELLOWSHIP P.O. BOX 505 COLUMBIA, SC 29202 | ●●*: *___* - *500069(3) | | 31,500. | 0. | | | MULTIPLE SUPPORT |
| MIDTOWN, INC. 1236 WILDWOOD AVENUE COLUMBUS, GA 31906 | ●●*: *___* - *503174(3) | | 109,149. | 0. | | | MULTIPLE SUPPORT |
| MORNING LIGHT FOUNDATION, INC. P.O. BOX 7604 ATLANTA, GA 30357 | ●●*: *___* - *505604(3) | | 5,000. | 0. | | | GENERAL DONATION |
| MUSCOGEE COUNTY FRIENDS OF LIBRARIES - P.O. BOX 5381 - COLUMBUS, GA 31906 | ●●*: *___* - *505661(3) | | 5,019. | 0. | | | MULTIPLE SUPPORT |
| MUSCOGEE COUNTY SCHOOL DISTRICT PO BOX 2427 COLUMBUS, GA 31902 | ●●*: *___* - *170143(1) | | 29,557. | 0. | | | MULTIPLE SUPPORT |
| MYASTHENIA GRAVIS FOUNDATION, INC. 355 LEXINGTON AVENUE NEW YORK, NY 10017 | ●●*: *___* - *502024(3) | | 9,000. | 0. | | | GENERAL DONATION |
| NAOMI'S VILLAGE, INC. P.O. BOX 270057 FLOWER MOUND, TX 75027 | ●●*: *___* - *502023(3) | | 18,500. | 0. | | | MULTIPLE SUPPORT |

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| NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. - 11625 RAINWATER DRIVE - ALPHARETTA, GA 30009 | ●●*: *___* - *503049(3) | | 1,020,100. | 0. | | | MULTIPLE SUPPORT |
| NATIONAL INFANTRY FOUNDATION 1775 LEGACY WAY COLUMBUS, GA 31903 | ●●*: *___* - *502809(3) | | 198,220. | 0. | | | MULTIPLE SUPPORT |
| NEIGHBORWORKS COLUMBUS PO BOX 1620 COLUMBUS, GA 31902 | ●●*: *___* - *508608(3) | | 10,000. | 0. | | | MULTIPLE SUPPORT |
| NEW HORIZONS FOUNDATION, INC. 5550 TECH CENTER COLORADO SPRINGS, CO 80919 | ●●*: *___* - *503002(3) | | 7,000. | 0. | | | CENTER FOR TEACHER RENEWAL |
| NORTHSIDE UNITED METHODIST CHURCH 2799 NORTHSIDE DRIVE NW ATLANTA, GA 30305 | ●●*: *___* - *502602(3) | | 20,250. | 0. | | | GENERAL DONATION |
| ONE DC PO BOX 26049 WASHINGTON, DC 20001 | ●●*: *___* - *505002(3) | | 10,000. | 0. | | | GENERAL DONATION |
| OPEN DOOR COMMUNITY HOUSE, INC. 2405 2ND AVENUE COLUMBUS, GA 31901 | ●●*: *___* - *501000(3) | | 27,800. | 0. | | | MULTIPLE SUPPORT |
| OREGON COMMUNITY FOUNDATION 15 SW COLORADO AVENUE BEND, OR 97702 | ●●*: *___* - *505608(3) | | 7,808. | 0. | | | MULTIPLE SUPPORT |
| PACE ACADEMY 966 W. PACES FERRY ROAD, N.W. ATLANTA, GA 30327 | ●●*: *___* - *505602(3) | | 15,000. | 0. | | | MULTIPLE SUPPORT |

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|---|--------------------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PASTORAL INSTITUTE, INC. 2022 FIFTEENTH AVE COLUMBUS, GA 31901 | ●●*: *___* - *5017064(3) | | 49,720. | 0. | | | MULTIPLE SUPPORT |
| PATH FOUNDATION, INC. PO BOX 14327 ATLANTA, GA 30324 | ●●*: *___* - *5096095(3) | | 289,993. | 0. | | | GENERAL DONATION |
| PAWS HUMANE SOCIETY OF THE CHATTAHOOCHEE VALLEY - 4900 MILGEN RD - COLUMBUS, GA 31907 | ●●*: *___* - *503501(3) | | 27,701. | 0. | | | MULTIPLE SUPPORT |
| PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL ROAD ATLANTA, GA 30363 | ●●*: *___* - *505001(3) | | 20,000. | 0. | | | ANNUAL GIFT 2018 |
| PEACHTREE PRESBYTERIAN PRESCHOOL 3434 ROSWELL ROAD NW ATLANTA, GA 30305 | ●●*: *___* - *501505(3) | | 9,998. | 0. | | | PEACHTREE PRESBYTERIAN PRESCHOOL - ANNUAL FUND |
| PEACHTREE ROAD UNITED METHODIST CHURCH - 3180 PEACHTREE RD, NW - ATLANTA, GA 30305 | ●●*: *___* - *505003(3) | | 11,990. | 0. | | | MULTIPLE SUPPORT |
| PENCILS OF PROMISE, INC. 37 WEST 28TH ST. 3RD FLOOR NEW YORK, NY 10001 | ●●*: *___* - *503702(3) | | 10,000. | 0. | | | GENERAL DONATION |
| PENGUIN RANDOM HOUSE, LLC 1745 BROADWAY MD 5-1 NEW YORK, NY 10019 | ●●*: *___* - *502807(3) | | 10,000. | 0. | | | COLUMBUS CHILDRENS BOOK FESTIVAL |
| PIEDMONT HEALTHCARE PO BOX 105452 ATLANTA, GA 30348 | ●●*: *___* - *505003(3) | | 5,000. | 0. | | | DESIGNATED FOR PROGRAM SUPPORT |

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| PORT COLUMBUS, THE NATIONAL CIVIL WAR NAVAL MUSEUM - 1002 VICTORY DRIVE - COLUMBUS, GA 31901 | ●●*: *___* - 5012071(3) | | 13,375. | 0. | | | MULTIPLE SUPPORT |
| PROTECTION OF RIGHTS ALLIANCE FOUNDATION - PO BOX 28 - HARBOR SPRINGS, MI 49740 | ●●*: *___* - 5010095(3) | | 12,000. | 0. | | | GENERAL DONATION |
| RABUN GAP-NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP, GA 30568 | ●●*: *___* - 5034401(3) | | 50,000. | 0. | | | COMMUNITY DINING HALL |
| RIVERCENTER FOR THE PERFORMING ARTS - P.O. BOX 2425 - COLUMBUS, GA 31902 | ●●*: *___* - 5050031(3) | | 196,455. | 0. | | | MULTIPLE SUPPORT |
| ROBERT W. WOODRUFF ARTS CENTER, INC. - 1280 PEACHTREE STREET, NE - ATLANTA, GA 30309 | ●●*: *___* - 5030071(3) | | 9,000. | 0. | | | HIGH MUSEUM OF ART |
| ROCK EVANGELICAL PRESBYTERIAN CHURCH - 5301 SYDNEY SIMONS BLVD - COLUMBUS, GA 31904 | ●●*: *___* - 5016069(3) | | 5,000. | 0. | | | GENERAL DONATION |
| ROLLINS COLLEGE EDYTH BUSH INSTITUTE - CRUMMER GRADUATE SCHOOL OF BUSINESS - WINTER PARK, FL | ●●*: *___* - 5014441(3) | | 23,400. | 0. | | | MULTIPLE SUPPORT |
| RONALD MCDONALD HOUSE 795 GATEWOOD RD. NE ATLANTA, GA 30329 | ●●*: *___* - 5050071(3) | | 6,000. | 0. | | | GENERAL DONATION |
| RONALD MCDONALD HOUSE CHARITIES OF WEST GEORGIA INC - 1959 HAMILTON ROAD - COLUMBUS, GA 31904 | ●●*: *___* - 5050075(3) | | 27,750. | 0. | | | MULTIPLE SUPPORT |

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| ROTHSCHILD LEADERSHIP ACADEMY MUSCOGEE CO. SCHOOL DISTRICT COLUMBUS, GA 31907 | ●●*: *___* - *50143(3) | | 8,000. | 0. | | | STUDENT INCENTIVE PROGRAMS TO MAXIMIZE LEARNING |
| SAFEHOUSE OUTREACH, INC. P.O. BOX 54098 ATLANTA, GA 30308 | ●●*: *___* - *50103(3) | | 5,000. | 0. | | | YOUTH REACH PROGRAM |
| SARA SPANO PTA CLOTHING BANK P.O. BOX 12474 COLUMBUS, GA 31917 | ●●*: *___* - *50164(3) | | 5,000. | 0. | | | GENERAL DONATION |
| SCHWAB CHARITABLE FUND P.O. BOX 628298 ORLANDO, FL 32862 | ●●*: *___* - *50103(3) | | 42,617. | 0. | | | MULTIPLE SUPPORT |
| SEASIDE SCHOOL FOUNDATION PO BOX 4825 SANTA ROSA BEACH, FL 32459 | ●●*: *___* - *50904(3) | | 5,000. | 0. | | | GENERAL DONATION |
| SENECA CHOICES FOR LIFE, INC. PO BOX 851 COLUMBUS, GA 31902 | ●●*: *___* - *50110(3) | | 5,000. | 0. | | | GENERAL DONATION |
| SHEARITH ISRAEL SYNAGOGUE, INC. PO BOX 5515 COLUMBUS, GA 31906 | ●●*: *___* - *50107(3) | | 5,500. | 0. | | | GENERAL DONATION |
| SMILE TRAIN, INC. 633 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017 | ●●*: *___* - *50140(3) | | 10,000. | 0. | | | GENERAL DONATION |
| SOLDIER MARATHON, INC. 6867 MOUNTAINBROOK DR. COLUMBUS, GA 31904 | ●●*: *___* - *50100(3) | | 20,000. | 0. | | | MULTIPLE SUPPORT |

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| SOUL FIRE FARM 1972 NY HIGHWAY 2 PETERSBURG, NY 12138 | ●●*: *___* - *509069(3) | | 5,000. | 0. | | | GENERAL DONATION |
| SPRINGER OPERA HOUSE 103 10TH STREET COLUMBUS, GA 31901 | ●●*: *___* - *505064(3) | | 53,000. | 0. | | | MULTIPLE SUPPORT |
| ST. ANNE PACELLI CATHOLIC SCHOOL 2020 KAY CIRCLE COLUMBUS, GA 31907 | ●●*: *___* - *505164(3) | | 25,500. | 0. | | | MULTIPLE SUPPORT |
| ST. CHARLES AVENUE PRESBYTERIAN CHURCH - 1545 STATE STREET - NEW ORLEANS, LA 70118 | ●●*: *___* - *503663(3) | | 7,500. | 0. | | | ANNUAL CONTRIBUTION |
| ST. FRANCIS AUXILIARY, INC. PO BOX 8456 COLUMBUS, GA 31908 | ●●*: *___* - *505065(3) | | 5,000. | 0. | | | NURSES SCHOLARSHIP FUND |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - P.O. BOX 1893 - MEMPHIS, TN 38101 | ●●*: *___* - *505012(3) | | 32,150. | 0. | | | MULTIPLE SUPPORT |
| ST. LUKE UNITED METHODIST CHURCH P.O. BOX 867 COLUMBUS, GA 31902 | ●●*: *___* - *501061(3) | | 246,885. | 0. | | | MULTIPLE SUPPORT |
| ST. MARK UNITED METHODIST CHURCH 6795 WHITESVILLE RD. COLUMBUS, GA 31904 | ●●*: *___* - *503000(3) | | 60,000. | 0. | | | MULTIPLE SUPPORT |
| ST. PATRICK'S EPISCOPAL DAY SCHOOL 4700 WHITEHAVEN PARKWAY NW WASHINGTON, DC 20007 | ●●*: *___* - *505404(3) | | 5,000. | 0. | | | ANNUAL FUND |

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| ST. PAUL UNITED METHODIST CHURCH P.O. BOX 5116 COLUMBUS, GA 31906 | ●●*: *___* - *509802(3) | | 54,900. | 0. | | | MULTIPLE SUPPORT |
| STEWART COMMUNITY HOME, INC. PO BOX 4279 COLUMBUS, GA 31914 | ●●*: *___* - *507163(3) | | 61,202. | 0. | | | MULTIPLE SUPPORT |
| STORYBOOK FARM, INC. 300 CUSSETA ROAD OPELIKA, AL 36801 | ●●*: *___* - *508663(3) | | 5,000. | 0. | | | RAINWATER HARVESTING SYSTEMS |
| STUDY HALL AT EMMAUS HOUSE, INC. P.O. BOX 6717 ATLANTA, GA 30315 | ●●*: *___* - *508063(3) | | 5,000. | 0. | | | GENERAL DONATION |
| SWEET BRIAR COLLEGE DIRECTOR OF FOUNDATION AND CORPORATE RELATIONS - SWEET BRIAR, VA 24595 | ●●*: *___* - *504103(3) | | 11,000. | 0. | | | MULTIPLE SUPPORT |
| TAKE THE CITY, INC. 2910 2ND AVE COLUMBUS, GA 31904 | ●●*: *___* - *508023(3) | | 12,000. | 0. | | | GENERAL DONATION |
| TEAM RUBICON 6171 CENTURY BLVD. SUITE 310 LOS ANGELES, CA 90045 | ●●*: *___* - *504403(3) | | 10,000. | 0. | | | GENERAL DONATION |
| TEEN CHALLENGE OF SOUTHEAST REGION 15 W 10TH STREET COLUMBUS, GA 31901 | ●●*: *___* - *509023(3) | | 15,000. | 0. | | | MULTIPLE SUPPORT |
| THE COLUMBUS ALLIANCE FOR REGIONAL INVESTMENT - P.O. BOX 1200 - COLUMBUS, GA 31902 | ●●*: *___* - *505601(3) | | 30,450. | 0. | | | MULTIPLE SUPPORT |

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| THE COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA - 245 RIVERSIDE AVE - JACKSONVILLE, FL 32202 | ●●*: *___* - 501745(3) | | 312,342. | 0. | | | MULTIPLE SUPPORT |
| THE DAVIS ACADEMY 8105 ROBERTS ROAD ATLANTA, GA 30350 | ●●*: *___* - 501461(3) | | 7,000. | 0. | | | GENERAL DONATION |
| THE FAMILY CENTER P.O. BOX 1825 COLUMBUS, GA 31902 | ●●*: *___* - 508525(3) | | 6,500. | 0. | | | BIG BROTHERS BIG SISTERS |
| THE GIVING KITCHEN PO BOX 4205 ATLANTA, GA 30302 | ●●*: *___* - 505708(3) | | 25,000. | 0. | | | MULTIPLE SUPPORT |
| THE JUNIOR LEAGUE OF COLUMBUS 1240 WYNNTON RD COLUMBUS, GA 31906 | ●●*: *___* - 505023(3) | | 5,000. | 0. | | | GENERAL DONATION |
| THE SALVATION ARMY P.O. BOX 9143 COLUMBUS, GA 31908 | ●●*: *___* - 501607(3) | | 8,650. | 0. | | | GENERAL DONATION |
| THE STEEPLECHASE AT CALLAWAY GARDENS - P.O. BOX 2311 - COLUMBUS, GA 31902 | ●●*: *___* - 501923(3) | | 75,000. | 0. | | | GENERAL DONATION |
| THE WYNN HOUSE, INC. 1240 WYNNTON ROAD COLUMBUS, GA 31906 | ●●*: *___* - 503801(3) | | 30,600. | 0. | | | MULTIPLE SUPPORT |
| THOMAS JEFFERSON FOUNDATION PO BOX 217 CHAROTTESVILLE, VA 22902 | ●●*: *___* - 505059(3) | | 5,000. | 0. | | | ANNUAL FUND |

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| THORNWELL HOME FOR CHILDREN 302 SOUTH BROAD STREET CLINTON, SC 29325 | ●●*: *___* - *50440B(3) | | 5,000. | 0. | | | NEEDS OF CHILDREN |
| TREES COLUMBUS, INC. P.O. BOX 1531 COLUMBUS, GA 31902 | ●●*: *___* - *50900D(3) | | 120,770. | 0. | | | MULTIPLE SUPPORT |
| TRINITY EPISCOPAL CHURCH P.O. BOX 1146 COLUMBUS, GA 31902 | ●●*: *___* - *50060B(3) | | 69,700. | 0. | | | MULTIPLE SUPPORT |
| TRINITY PRESBYTERIAN CHURCH 3003 HOWELL MILL ROAD ATLANTA, GA 30327 | ●●*: *___* - *50700Y(3) | | 15,000. | 0. | | | 2018 BUDGET |
| TROUP CARES, INC. P.O. BOX 800027 LAGRANGE, GA 30240 | ●●*: *___* - *50500D(3) | | 7,500. | 0. | | | SUPPORT OF THE TROUP CARES FREE MEDICAL NURSE PRACTITIONER PROGRAM |
| TROUP COUNTY SCHOOL SYSTEM 100 NORTH DAVIS ROAD LAGRANGE, GA 30241 | ●●*: *___* - *17000B(1) | | 42,000. | 0. | | | HARVARD PROJECT ZERO CLASSROOM SCHOLARSHIP |
| TROY UNIVERSITY FOUNDATION ONE UNIVERSITY PLACE PHENIX CITY, AL 36869 | ●●*: *___* - *50700B(3) | | 5,000. | 0. | | | PHENIX CITY CAMPUS |
| TRUTH SPRING INCORPORATED 3314 5TH AVENUE COLUMBUS, GA 31904 | ●●*: *___* - *50300A(3) | | 19,500. | 0. | | | MULTIPLE SUPPORT |
| TULANE UNIVERSITY OFFICE OF DEVELOPMENT NEW ORLEANS, LA 70118 | ●●*: *___* - *50300B(3) | | 5,000. | 0. | | | MULTIPLE SUPPORT |

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| TWIN CEDARS CHILD ADVOCACY CENTER 1810 CORPORATE DRIVE OPELIKA, AL 36801 | ●●*: *___* - *508107(3) | | 5,000. | 0. | | | TWIN CEDARS CHILD ADVOCACY CENTER - VOCA CASH MATCH |
| TWIN CEDARS YOUTH SERVICES, INC P.O. BOX 1526 LAGRANGE, GA 30241 | ●●*: *___* - *508409(3) | | 12,000. | 0. | | | MULTIPLE SUPPORT |
| UNION CONGREGATIONAL CHURCH 3 NORMAN AVENUE GLOUCESTER, MA 01930 | ●●*: *___* - *506609(3) | | 25,000. | 0. | | | GENERAL DONATION |
| UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - P.O. BOX 1157 - COLUMBUS, GA 31902 | ●●*: *___* - *502404(3) | | 412,800. | 0. | | | MULTIPLE SUPPORT |
| UNITED WAY OF WEST GEORGIA, INC. PO BOX 532 LAGRANGE, GA 30241 | ●●*: *___* - *505400(3) | | 13,500. | 0. | | | MULTIPLE SUPPORT |
| UNIVERSITY OF ALABAMA P.O. BOX 870162 TUSCALOOSA, AL 35487 | ●●*: *___* - *501103(3) | | 11,200. | 0. | | | MULTIPLE SUPPORT |
| UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1717 11TH AVENUE SOUTH STE - BIRMINGHAM, AL 35205 | ●●*: *___* - *176605(1) | | 5,000. | 0. | | | GENERAL DONATION |
| UNIVERSITY OF GEORGIA 220 HOLMES/HUNTER ACADEMIC BUILDING ATHENS, GA 30602 | ●●*: *___* - *171003(1) | | 9,958. | 0. | | | MULTIPLE SUPPORT |
| UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE ATHENS, GA 30602 | ●●*: *___* - *508607(3) | | 710,000. | 0. | | | MULTIPLE SUPPORT |

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| UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - OFFICE OF UNIVERSITY DEVELOPMENT-GIFT PROCESSING - CHAPEL HILL, NC 27514 | ●●*: *___* - *50100B(3) | | 31,000. | 0. | | | MULTIPLE SUPPORT |
| UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY UNIVERSITY OF RICHMO, VA 23173 | ●●*: *___* - *50500B(3) | | 10,000. | 0. | | | ANNUAL FUND |
| UPTOWN COLUMBUS, INC. P.O. BOX 1237 COLUMBUS, GA 31902 | ●●*: *___* - *50150A(3) | | 130,078. | 0. | | | MULTIPLE SUPPORT |
| URBAN JUSTICE CENTER 40 RECTOR STREET NEW YORK, NY 10006 | ●●*: *___* - *50200Z(3) | | 5,000. | 0. | | | CORRECTIONS ACCOUNTABILITY PROJECT |
| VALLEY HEALTHCARE SYSTEM, INC. 1600 FORT BENNING ROAD COLUMBUS, GA 31903 | ●●*: *___* - *50900B(3) | | 20,000. | 0. | | | EQUIPMENT PURCHASE: ZEISS CIRRUS 400 HD OCT |
| VALLEY RESCUE MISSION, INC. 2903 SECOND AVENUE COLUMBUS, GA 31904 | ●●*: *___* - *50810B(3) | | 64,084. | 0. | | | MULTIPLE SUPPORT |
| VOICES OF THE VALLEY 900 BROADWAY COLUMBUS, GA 31901 | ●●*: *___* - *50700B(3) | | 5,000. | 0. | | | GENERAL DONATION |
| WAKE FOREST UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT WINSTON-SALEM, NC 27109 | ●●*: *___* - *50210B(3) | | 11,000. | 0. | | | MULTIPLE SUPPORT |
| WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON STREET LEXINGTON, VA 24450 | ●●*: *___* - *50500Y(3) | | 505,000. | 0. | | | MULTIPLE SUPPORT |

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| WAYSIDE CENTER FOR PUBLIC EDUCATION - 1100 MILL POND ROAD - FABER, VA 22938 | ●●*: *___* - *505602(3) | | 5,000. | 0. | | | CHARLOTTESVILLE LIBERATION ALLIANCE |
| WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210 | ●●*: *___* - *503403(3) | | 55,750. | 0. | | | MULTIPLE SUPPORT |
| WEST GEORGIA CHRISTIAN RETREAT CENTER, INC. - 2821 HARLEY CT. - COLUMBUS, GA 31909 | ●●*: *___* - *502607(3) | | 10,000. | 0. | | | GENERAL DONATION - PINE EDEN |
| WOMEN'S INITIATIVE FOR LEARNING AND DISCOVERY (WILD) - PO BOX 483 - COLUMBUS, GA 31901 | ●●*: *___* - *501705(3) | | 24,350. | 0. | | | MULTIPLE SUPPORT |
| WOODBERRY FOREST SCHOOL 898 WOODBERRY FOREST ROAD WOODBERRY FOREST, VA 22989 | ●●*: *___* - *509500(3) | | 5,500. | 0. | | | GENERAL DONATION |
| WOUNDED WARRIORS FAMILY SUPPORT, INC. - 920 S 107TH AVE - OMAHA, NE 68114 | ●●*: *___* - *507500(3) | | 10,000. | 0. | | | GENERAL DONATION |
| YMCA OF METRO COLUMBUS P.O. BOX 1640 COLUMBUS, GA 31902 | ●●*: *___* - *508607(3) | | 11,500. | 0. | | | MULTIPLE SUPPORT |
| YOUNG LIFE 1137 LOCKWOOD AVENUE COLUMBUS, GA 31906 | ●●*: *___* - *505004(3) | | 71,674. | 0. | | | MULTIPLE SUPPORT |
| YOUNG LIFE BIRMINGHAM SOUTH BIRMINGHAM SOUTH - AL118 BIRMINGHAM, AL 35238 | ●●*: *___* - *505004(3) | | 7,300. | 0. | | | MULTIPLE SUPPORT |

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

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 |
|--|-----------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YOUNG LIFE CHARLOTTE 4420 REA RD CHARLOTTE, NC 28226 | ●●*: *—** - *50504(3) | 50504(3) | 10,000. | 0. | | | AREA NUMBER NC26 |
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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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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| | | | | | |

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: CAPE ANN MUSEUM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EXHIBITION CATALOGUE OR AREA OF
GREATEST NEED - HOMER AT THE BEACH EXHIBIT SUPPORT IN HONOR OF WILLIAM
CROSS

NAME OF ORGANIZATION OR GOVERNMENT:

DEPARTMENT OF NATURAL RESOURCES, ENGINEERING AND CONSULTING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STANDING BOY STATE PARK WETLAND

Part IV Supplemental Information

DELINEATION SURVEY, TO ENABLE THE CONSTRUCTION OF A MULTI-USE,
NATURAL-SURFACE TRAIL SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT:

DIVISION FOR FAMILY AND CHILDREN SERVICES (DFACS)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER CARE SUPPORTIVE FUNDING

ACTIVITIES: CHRISTMAS GIFTS HOLIDAY CELEBRATION AND CHILD AND STAFF
SUPPORTIVE ITEMS AS LISTED IN PROPOSAL.

NAME OF ORGANIZATION OR GOVERNMENT: FERST READERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FERST READERS - TO SUPPORT FERST
READERS FOCUS OF PROVIDING FREE BOOKS AND PARENT SUPPORT MATERIALS TO
CHILDREN AND THEIR FAMILIES IN MUSCOGEE COUNTY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.** Employer identification number **** - ***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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

| | |
|--|---|
| <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 |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2017

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 & CEO | (i) | 173,697. | 0. | 0. | 0. | 14,720. | 188,417. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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 for 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 | 86 | 10,595,911. | 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**

- 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.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | X | |

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

Schedule M (Form 990) 2017

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Schedule M (Form 990) 2017

** - ***1589

Page 2

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 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Employer identification number

** - ***1589

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) (2017)

732211 09-07-17

| | |
|---|--|
| 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))

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to 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).

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

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3). Section C: Book value of all assets at end of year: 173,549,909. Section D: Name of organization: COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC. Section E: Employer identification number: ** - *** 1589. Section F: Group exemption number. Section G: Check organization type: 501(c) corporation.

Section H: Describe the organization's primary unrelated business activity: NONE. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section J: The books are in care of BETSY COVINGTON. Telephone number: 706-320-0027.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12: 0.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Section Part II: Deductions Not Taken Elsewhere. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses (Schedule I), 27 Excess readership costs (Schedule J), 28 Other deductions (attach schedule), 29 Total deductions. Add lines 14 through 28: 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13: 0. 31 Net operating loss deduction (limited to the amount on line 30): 0. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30: 0. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions): 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32: 0.

Part III Tax Computation

| | | |
|---|------------|----|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 | 35c | 0. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Tax on Non-Compliant Facility Income. See instructions | 39 | |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 0. |

Part IV Tax and Payments

| | | |
|--|------------|----|
| 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | |
| b Other credits (see instructions) | 41b | |
| c General business credit. Attach Form 3800 | 41c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | |
| e Total credits. Add lines 41a through 41d | 41e | |
| 42 Subtract line 41e from line 40 | 42 | 0. |
| 43 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) | 43 | |
| 44 Total tax. Add lines 42 and 43 | 44 | 0. |
| 45a Payments: A 2016 overpayment credited to 2017 | 45a | |
| b 2017 estimated tax payments | 45b | |
| c Tax deposited with Form 8868 | 45c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | |
| e Backup withholding (see instructions) | 45e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 45g | |
| 46 Total payments. Add lines 45a through 45g | 46 | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | 0. |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | 0. |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 50 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | |
|--|-----|----|
| 51 At any time during the 2017 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 | Yes | No |
| | | X |
| 52 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 |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

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

Signature of officer _____ Date _____ **PRESIDENT & CEO** Title _____

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

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER A. MILLER, CPA**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00189493**
 Firm's name: **ROBINSON, GRIMES & COMPANY, P.C.** Firm's EIN: **** - ***4304**
 P.O. BOX 4299
 Firm's address: **COLUMBUS, GA 31914** Phone no. **706-324-5435**

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

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 0. |

(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) | | % | | |
| Totals | | | 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. |
| Total dividends-received deductions included in column 8 | | | | 0. |

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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) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 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) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 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) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | 0. | | | | 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) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

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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) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 27. 0. |

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) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

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