

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

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 \$ 57,180,370. 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.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 4
6	Total number of volunteers (estimate if necessary)	6 0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 16,688,384. 28,843,413.
9	Program service revenue (Part VIII, line 2g)	9 0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 3,177,383. 986,577.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 0. 0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 19,865,767. 29,829,990.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 11,007,226. 11,472,439.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 389,761. 468,796.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 179,522.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 442,726. 558,447.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 11,839,713. 12,499,682.
19	Revenue less expenses. Subtract line 18 from line 12	19 8,026,054. 17,330,308.
20	Total assets (Part X, line 16)	20 105,877,665. 130,290,769.
21	Total liabilities (Part X, line 26)	21 1,683,484. 1,773,578.
22	Net assets or fund balances. Subtract line 21 from line 20	22 104,194,181. 128,517,191.

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 JACK J. PEASE, III, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00014240
	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.

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 \$ 11,674,062. including grants of \$ 11,472,439.) (Revenue \$)
THE FOUNDATION RECEIVED \$28,843,413 IN CONTRIBUTION INCOME FROM APPROXIMATELY 1,029 DONORS DURING THE YEAR. IN ADDITION, GRANTS WERE DISPERSED TO APPROXIMATELY 651 RECIPIENTS TOTALING \$11,472,439.

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 **▶ 11,674,062.**

**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.**

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?	X	

Note. All Form 990 filers are required to complete Schedule O

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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		

**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.	1a	19		
b Enter the number of voting members included in line 1a, above, who are independent	1b	18		
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
CHATTAHOOCHEE VALLEY, INC.

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

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

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

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

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

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) GWENDOLYN RUFF IMMEDIATE PAST CHAIR	1.00	X					0.	0.	0.	
(2) TYLER A. TOWNSEND CHAIR, INVESTMENTS	1.00	X					0.	0.	0.	
(3) MARQUETTE MCKNIGHT VICE CHAIR	1.00	X					0.	0.	0.	
(4) FRANK S. ETHERIDGE, III TREASURER	1.00	X					0.	0.	0.	
(5) RODNEY K. MAHONE TRUSTEE	1.00	X					0.	0.	0.	
(6) BILLY G. TURNER TRUSTEE	1.00	X					0.	0.	0.	
(7) ALAN F. ROTHSCHILD, JR. GENERAL COUNSEL	1.00	X					0.	0.	0.	
(8) MELANIE V. SLATON TRUSTEE	1.00	X					0.	0.	0.	
(9) LARAE DIXON MOORE TRUSTEE	1.00	X					0.	0.	0.	
(10) MURRAY L. SOLOMON SECRETARY	1.00	X					0.	0.	0.	
(11) WILLIAM J. BURGIN TRUSTEE	1.00	X					0.	0.	0.	
(12) KENNETH HENSON, JR. CHAIR	1.00	X					0.	0.	0.	
(13) ANTHONY D. LINK TRUSTEE	1.00	X					0.	0.	0.	
(14) JACKI W. LOWE CHAIR DISTRIBUTIONS	1.00	X					0.	0.	0.	
(15) FREDERICK J. CRAWFORD TRUSTEE	1.00	X					0.	0.	0.	
(16) ISAIAH HUGLEY TRUSTEE	1.00	X					0.	0.	0.	
(17) CINDY B. SPARKS TRUSTEE	1.00	X					0.	0.	0.	

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

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) DAVID M. WHITE TRUSTEE	1.00	X					0.	0.	0.	
(19) BETSY COVINGTON PRESIDENT & CHIEF EXECUTIV	40.00			X			161,128.	0.	13,508.	
1b Sub-total							161,128.	0.	13,508.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							161,128.	0.	13,508.	

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 1

	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
SYNOVUS TRUST P.O. BOX 120, COLUMBUS, GA 31902	INVESTMENT FEES	153,850.

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

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Form 990 (2015)

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Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
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	28,843,413.				
	g Noncash contributions included in lines 1a-1f: \$		21,893,466.				
	h Total. Add lines 1a-1f			28,843,413.			
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)			1,309,846.			1,309,846.
	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				
		27,027,111.					
		b Less: cost or other basis and sales expenses					
		27,350,380.					
	c Gain or (loss)						
	-323,269.						
	d Net gain or (loss)			-323,269.	-323,269.		
	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							
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						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			29,829,990.	-323,269.	0.	1,309,846.	

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

Form 990 (2015)

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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	11,443,728.	11,443,728.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,711.	28,711.		
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	162,026.	16,203.	113,418.	32,405.
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	232,780.	23,278.	162,946.	46,556.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	45,119.	4,512.	31,583.	9,024.
10 Payroll taxes	28,871.	2,887.	20,210.	5,774.
11 Fees for services (non-employees):				
a Management				
b Legal	6,951.	695.	4,866.	1,390.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	174,793.	17,479.	122,355.	34,959.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,500.	2,350.	16,450.	4,700.
12 Advertising and promotion	67,921.	13,794.	42,099.	12,028.
13 Office expenses	27,324.	2,732.	19,127.	5,465.
14 Information technology				
15 Royalties				
16 Occupancy	49,366.	4,937.	34,556.	9,873.
17 Travel	7,681.	768.	5,377.	1,536.
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	17,771.		17,771.	
23 Insurance	8,056.	806.	5,639.	1,611.
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 SPECIAL EVENT	62,649.	62,649.		
b SOFTWARE	34,269.	3,427.	23,988.	6,854.
c OPERATING SUPPORT	23,770.	23,770.		
d PROJECT EXPENSE	17,663.	17,663.		
e All other expenses	36,733.	3,673.	25,713.	7,347.
25 Total functional expenses. Add lines 1 through 24e	12,499,682.	11,674,062.	646,098.	179,522.
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.

Form 990 (2015)

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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	258,990.	1	199,455.
	2 Savings and temporary cash investments	6,198,646.	2	8,080,447.
	3 Pledges and grants receivable, net	7,687,684.	3	6,734,896.
	4 Accounts receivable, net		4	239.
	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 282,143.		
	b Less: accumulated depreciation	10b 249,022.	36,345.	10c 33,121.
	11 Investments - publicly traded securities	39,656,099.	11	42,207,378.
	12 Investments - other securities. See Part IV, line 11	52,039,901.	12	73,035,233.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	105,877,665.	16	130,290,769.	
Liabilities	17 Accounts payable and accrued expenses	9,757.	17	15,642.
	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	1,673,727.	25	1,757,936.
	26 Total liabilities. Add lines 17 through 25	1,683,484.	26	1,773,578.
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	96,506,497.	27	121,782,295.
	28 Temporarily restricted net assets	7,687,684.	28	6,734,896.
	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	104,194,181.	33	128,517,191.	
34 Total liabilities and net assets/fund balances	105,877,665.	34	130,290,769.	

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COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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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	29,829,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,499,682.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,330,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,194,181.
5	Net unrealized gains (losses) on investments	5	6,992,702.
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	128,517,191.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
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?		X
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		

Form 990 (2015)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.	Employer identification number **-***1589
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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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,750,014.	9,827,506.	10,146,767.	16,688,384.	20,942,204.	66,354,875.
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	8,750,014.	9,827,506.	10,146,767.	16,688,384.	20,942,204.	66,354,875.
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)						30,927,216.
6 Public support. Subtract line 5 from line 4.						35,427,659.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8,750,014.	9,827,506.	10,146,767.	16,688,384.	20,942,204.	66,354,875.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,464,764.	1,085,175.	1,015,871.	1,282,001.	1,309,846.	6,157,657.
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.)	17,797.	58,013.				75,810.
11 Total support. Add lines 7 through 10						72,588,342.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	48.81 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	50.85 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

COMMUNITY FOUNDATION OF THE

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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

Schedule A (Form 990 or 990-EZ) 2015

CHATTAHOOCHEE VALLEY, INC.

** - ***1589 Page 7

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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 input.

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

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	195	45
2 Aggregate value of contributions to (during year)	25,042,701.	3,435,822.
3 Aggregate value of grants from (during year)	8,933,510.	2,475,840.
4 Aggregate value at end of year	95,385,750.	21,559,206.
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 8/17/06, 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) 2015

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11-02-15

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	96,858,707.	97,947,753.	93,013,608.	86,883,918.	76,751,686.
b Contributions	19,512,117.	7,686,971.	1,026,785.	5,356,020.	3,902,946.
c Net investment earnings, gains, and losses	7,800,175.	-5,251,711.	5,711,304.	6,883,879.	9,094,317.
d Grants or scholarships	5,295,737.	2,779,139.	1,074,917.	5,484,402.	2,299,631.
e Other expenditures for facilities and programs	748,796.	745,167.	729,027.	625,807.	565,400.
f Administrative expenses					
g End of year balance	118,126,466.	96,858,707.	97,947,753.	93,013,608.	86,883,918.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.67 %
 - b Permanent endowment .00 %
 - c Temporarily restricted endowment .33 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		162,700.	138,362.	24,338.
d Equipment		119,443.	110,660.	8,783.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,121.

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	43,341,411.	END-OF-YEAR MARKET VALUE
(B) VANGUARD STAR FUND TOTAL		
(C) INTL STOCK INDEX	9,952,623.	END-OF-YEAR MARKET VALUE
(D) VANGUARD 500 INDEX FUND	11,576,149.	END-OF-YEAR MARKET VALUE
(E) VANGUARD DIVIDEND GROWTH		
(F) FUND	8,165,050.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	73,035,233.	

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	1,757,936.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,757,936.

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
CHATAHOOCHEE VALLEY, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	36,822,692.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,992,702.	
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	6,992,702.	
3	Subtract line 2e from line 1	3	29,829,990.	
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	29,829,990.	

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	12,499,682.
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	12,499,682.	
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	12,499,682.	

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, 2016, 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.

Horizontal lines for supplemental information.

**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.

OMB No. 1545-0047

2015

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 non-cash assistance	(h) Purpose of grant or assistance
107.7 THE TRUTH, INC. PO BOX 5657 COLUMBUS, GA 31906	** - ** * 6082	501(C)(3)	20,250.	0.			GENERAL DONATION
AG GIVING/ CENTRAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N. BOONVILLE, AVE. - SPRINGFIELD, MO 65802	** - ** * 7787	501(C)(3)	24,000.	0.			MISSIONARY WORK
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - 5156 RIVER RD. - COLUMBUS, GA 31904	** - ** * 2046	501(C)(3)	22,800.	0.			MULTIPLE SUPPORT
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST. - PHILADELPHIA, PA 19106-4404	** - ** * 1648	501(C)(3)	300,000.	0.			MULTIPLE SUPPORT
AMERICAN HEART ASSOCIATION 1639 BRADLEY PARK DR. COLUMBUS, GA 31904	** - ** * 3797	501(C)(3)	18,000.	0.			MULTIPLE SUPPORT
AMERICAN RED CROSS PO BOX 4002018 DES MOINES, IA 50340-2018	** - ** * 6605	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **218.**

3 Enter total number of other organizations listed in the line 1 table **13.**

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

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AMERICAN RED CROSS, WEST CENTRAL GEORGIA CHAPTER - 3940 ROSEMONT DRIVE - COLUMBUS, GA 31904	**-***6605	501(C)(3)	258,500.	0.			MULTIPLE SUPPORT
AMERICAN VETERANS CENTER 1100 N. GLEBE RD. ARLINGTON, VA 22201	**-***2804	501(C)(3)	10,000.	0.			NEW AMERICAN FREEDOM TRAIN SHOW
ANDREW COLLEGE 501 COLLEGE ST. CUTHBERT, GA 39840-5550	**-***8687	501(C)(3)	36,250.	0.			MULTIPLE SUPPORT
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32064 - BOONE, NC 28608	**-***9379	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
ARTHRITIS FOUNDATION P.O. BOX 78423 ATLANTA, GA 30357	**-***1679	501(C)(3)	6,000.	0.			GENERAL DONATION
ARTS ASSOCIATION OF EAST ALABAMA 1032 SOUTH RAILROAD AVENUE OPELIKA, AL 36801	**-***0571	501(C)(3)	6,000.	0.			CIRQUE MECHANICS PERFORMANCE AND RESIDENCY
ATLANTA CHILDREN'S SHELTER P.O. BOX 54322 ATLANTA, GA 30308-0322	**-***5299	501(C)(3)	5,000.	0.			GENERAL DONATION
ATLANTA HISTORICAL SOCIETY, INC 130 W. PACES FERRY ROAD ATLANTA, GA 30305	**-***6162	501(C)(3)	17,500.	0.			ATLANTA HISTORY CENTER
ATLANTA SPEECH SCHOOL 3160 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327	**-***6198	501(C)(3)	5,000.	0.			ANNUAL FUND

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ATLANTA YOUTH ACADEMIES FOUNDATION , INC. - PO BOX 18237 - ATLANTA, GA 30316	**-***4519	501(C)(3)	22,000.	0.			MULTIPLE SUPPORT
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET AUBURN, AL 36849	**-***2422	501(C)(3)	13,400.	0.			MULTIPLE SUPPORT
AUBURN UNIVERSITY FOUNDATION / ATEF ENDOWMENT FOR EXCELLENCE - 115 TEXTILE BUILDING - AUBURN, AL 36849-5327	**-***2422	501(C)(3)	5,000.	0.			ALABAMA TEXTILE EDUCATION FOUNDATION FUND FOR EXCELLENCE
B.R.I.D.G.E. OF COLUMBUS, INC. P.O. BOX 1083 COLUMBUS, GA 31902-1083	**-***2619	501(C)(3)	23,200.	0.			GENERAL DONATION
BELIEVERS CHURCH P.O. BOX 813 DOUGLASVILLE, GA 30133	**-***0454	501(C)(3)	18,500.	0.			MULTIPLE SUPPORT
THE FAMILY CENTER OF COLUMBUS, INC. - P.O. BOX 1825 - COLUMBUS, GA 31902-1850	**-***8094	501(C)(3)	9,750.	0.			MENTORING SERVICES
BOY SCOUTS OF AMERICA, CHATTAHOOCHEE COUNCIL - 1237 1ST AVENUE - COLUMBUS, GA 31901	**-***6300	501(C)(3)	6,500.	0.			MULTIPLE SUPPORT
BOYS & GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY - 1137 1ST AVENUE - COLUMBUS, GA 31901	**-***4393	501(C)(3)	59,301.	0.			MULTIPLE SUPPORT
BOYS AND GIRLS CLUBS OF METRO ATLANTA, INC. - 1275 PEACHTREE STREET, NE - ATLANTA, GA 30309	**-***6123	501(C)(3)	8,250.	0.			MULTIPLE SUPPORT

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BRENT SCHOENING STRIKE OUT LEUKEMIA FOUNDATION, INC. - 2908 MACON ROAD - COLUMBUS, GA 31906	**-***6190	501(C)(3)	5,850.	0.			GENERAL DONATION
BROOKSTONE SCHOOL 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904	**-***3670	501(C)(3)	300,596.	0.			MULTIPLE SUPPORT
CAMP COHOLO- CHILDREN'S CANCER CAMPS OF NEBRASKA - P.O. BOX 24466 - OMAHA, NE 68124	**-***6778	501(C)(3)	10,000.	0.			2016 CAMP
CAMP SUNSHINE, INC. 1850 CLAIRMONT ROAD DECATUR, GA 30033-3405	**-***2217	501(C)(3)	10,000.	0.			GENERAL DONATION
CAMP TWIN LAKES, INC. 600 MEAN ST. ATLANTA, GA 30318	**-***6782	501(C)(3)	5,000.	0.			GENERAL DONATION
CAMP VIOLA, INC. PO BOX 716 LAGRANGE, GA 30241-0012	**-***5245	501(C)(3)	7,500.	0.			MULTIPLE SUPPORT
CATHOLIC SCHOOLS FOUNDATION, INC 67 BATTERYMARCH STREET BOSTON, MA 02110	**-***5502	501(C)(3)	29,000.	0.			INNER CITY SCHOLARSHIP FUND
CAUSA JUSTA : JUST CAUSE P.O. BOX 3596 OAKLAND, CA 94609	**-***3038	501(C)(3)	5,000.	0.			GENERAL DONATION
CB&T CARD SERVICES P.O. BOX 2181 COLUMBUS, GA 31902-2181		*	6,010.	0.			MULTIPLE SUPPORT

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CENTRAL CAROLINA COMMUNITY FOUNDATION - 2711 MIDDLEBURG DRIVE - COLUMBIA, SC 29204	**-***3960	501(C)(3)	5,000.	0.			SOUTH CAROLINA FLOOD RELIEF
CHATTAHOOCHEE RIVERWARDEN, INC. P.O. BOX 985 COLUMBUS, GA 31902	**-***9716	501(C)(3)	19,000.	0.			MULTIPLE SUPPORT
CHATTAHOOCHEE VALLEY LAND TRUST P.O. BOX 175 COLUMBUS, GA 31902	**-***8676	501(C)(3)	35,600.	0.			MULTIPLE SUPPORT
CHILDFUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	**-***6100	501(C)(3)	10,000.	0.			CHILDREN'S GREATEST NEEDS FUND
CHILDREN'S HARBOR, INC. 1 OUR CHILDREN'S HWY. ALEXANDER CITY, AL 35010	**-***2070	501(C)(3)	11,500.	0.			GENERAL DONATION
CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION - 1577 NORTHEAST EXPRESSWAY, SUITE A - ATLANTA, GA 30329	**-***0601	501(C)(3)	278,745.	0.			MULTIPLE SUPPORT
CHILDREN'S HOSPITAL OF PHILADELPHIA - LOCKBOX #1457 - PHILADELPHIA, PA 19178-1457	**-***2166	501(C)(3)	250,000.	0.			CHILDREN'S ONCOLOGY GROUP - ADOLESCENT AND YOUNG ADULT
CHRIS KIDS, INC. 1017 FAYETTEVILLE RD. SE ATLANTA, GA 30316-2936	**-***0183	501(C)(3)	5,000.	0.			GENERAL DONATION
CLASSIC CITY COMMUNITY CHURCH P.O. BOX 329 ATHENS, GA 30603	**-***0913	501(C)(3)	15,000.	0.			GENERAL DONATION

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COLUMBUS AREA HABITAT FOR HUMANITY, INC. - P.O. BOX 1193 - COLUMBUS, GA 31902	**-***6182	501(C)(3)	133,347.	0.			MULTIPLE SUPPORT
COLUMBUS BOTANICAL GARDEN, INC. 3603 WEEMS ROAD COLUMBUS, GA 31909	**-***7596	501(C)(3)	58,950.	0.			MULTIPLE SUPPORT
COLUMBUS CONSOLIDATED GOVERNMENT PO BOX 1340 COLUMBUS, GA 31902-1340	**-***7948	170(C)(1)	55,696.	0.			MULTIPLE SUPPORT
COLUMBUS HIGH SCHOOL ALUMNI ASSOCIATION, INC. - P.O. BOX 5353 - COLUMBUS, GA 31906	**-***0626	501(C)(3)	19,793.	0.			SUPPORT PROJECTS WITH COLUMBUS HIGH SCHOOL
COLUMBUS HOSPICE, INC. 7020 MOON ROAD COLUMBUS, GA 31909	**-***5395	501(C)(3)	116,200.	0.			MULTIPLE SUPPORT
COLUMBUS MAKESIT 710 FRONT AVENUE COLUMBUS, GA 31901	**-***2707	501(C)(3)	8,800.	0.			MULTIPLE SUPPORT
COLUMBUS MUSEUM, INC. 1251 WYNNTON ROAD COLUMBUS, GA 31906	**-***2894	501(C)(3)	87,565.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL HEALTH FOUNDATION, INC. - P.O. BOX 790 - COLUMBUS, GA 31902	**-***1642	501(C)(3)	43,845.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL HEALTHCARE SYSTEM, INC. - P.O. BOX 790 - COLUMBUS, GA 31902-0790	**-***9994	501(C)(3)	35,000.	0.			MIDTOWN MEDICAL NICU GIRAFFE BED

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COLUMBUS REGIONAL TENNIS ASSOCIATION, INC. (CORTA) - P.O. BOX 8236 - COLUMBUS, GA 31908	**-***3414	501(C)(3)	109,667.	0.			MULTIPLE SUPPORT
COLUMBUS STATE UNIVERSITY FOUNDATION - 4225 UNIVERSITY AVE - COLUMBUS, GA 31907-5645	**-***3198	501(C)(3)	416,871.	0.			MULTIPLE SUPPORT
COLUMBUS SYMPHONY ORCHESTRA, INC P.O. BOX 1499 COLUMBUS, GA 31902	**-***6789	501(C)(3)	68,171.	0.			MULTIPLE SUPPORT
COLUMBUS TECHNICAL COLLEGE FOUNDATION - 928 MANCHESTER EXPRESSWAY - COLUMBUS, GA 31904-6572	**-***3978	501(C)(3)	12,250.	0.			GENERAL DONATION
COMMUNITIES OF COASTAL GEORGIA FOUNDATION - 1626 FREDERICA ROAD - ST. SIMONS ISLAND, GA 31522	**-***4729	501(C)(3)	111,084.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA, INC. - 245 RIVERSIDE AVE - JACKSONVILLE, FL 32202	**-***0746	501(C)(3)	315,979.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION OF GREATER FLINT - 500 S. SAGINAW ST. - FLINT, MI 46502-1856	**-***0667	501(C)(3)	20,000.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION OF TAMPA BAY, INC. - 550 NORTH REO ST. - TAMPA, FL 33609	**-***1853	501(C)(3)	37,831.	0.			MULTIPLE SUPPORT
COMPRISE TECHNOLOGIES, INC. PO BOX 425 NAVESINK, NJ 07752-0425	**-***0334	*	12,660.	0.			MULTIPLE SUPPORT

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COVENANT HOUSE GEORGIA, INC. 1559 JOHNSON ROAD NW ATLANTA, GA 30318	**-***3561	501(C)(3)	10,000.	0.			ANNUAL FUND
CUSSETA UNITED METHODIST CHURCH 969 MOORES STORE RD. CUSSETA, GA 31805	**-***2022	501(C)(3)	10,000.	0.			GENERAL DONATION
DARLINGTON SCHOOL 1014 CAVE SPRINGS ROAD ROME, GA 30161	**-***6169	501(C)(3)	60,000.	0.			MULTIPLE SUPPORT
DAVIDSON COLLEGE PO BOX 7174 DAVIDSON, NC 28035	**-***9961	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT
DISABILITY SERVICE CENTER P.O. BOX 1116 COLUMBUS, GA 31902	**-***2912	501(C)(3)	13,800.	0.			MULTIPLE SUPPORT
DIVISION FOR FAMILY AND CHILDREN SERVICES (DFACS) - PO BOX 2627 - COLUMBUS, GA 31902-2627	**-***1058	170(C)(1)	24,100.	0.			HOLIDAY FUND
DO GOOD FUND P.O. BOX 1199 COLUMBUS, GA 31902-1199	**-***6209	501(C)(3)	100,000.	0.			GENERAL DONATION
DOCTORS WITHOUT BORDERS USA, INC. 333 7TH AVENUE NEW YORK, NY 10001-5004	**-***3452	501(C)(3)	20,000.	0.			GENERAL DONATION
DONORSCHOOSE.ORG 134 WEST 37TH STREET NEW YORK, NY 10018	**-***9457	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT

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EAGLEBROOK SCHOOL 271 PINE NOOK ROAD DEERFIELD, MA 01342-0701	**-***8341	501(C)(3)	5,000.	0.			RAUL CASTELLS MEMORIAL FUND
EASTER SEALS OF WEST GEORGIA, INC. 2515 DOUBLE CHURCHES ROAD COLUMBUS, GA 31909	**-***9206	501(C)(3)	44,750.	0.			MULTIPLE SUPPORT
ELAINE CLARK CENTER FOR THE GROWTH & DEVELOPMENT OF EXCEPTIONAL CHILDREN, I - 5130 PEACHTREE IND BLVD - CHAMBLEE, GA 30341	**-***9411	501(C)(3)	10,000.	0.			FRANK CLARK MEMORIAL SCHOLARSHIP FUND
ELON UNIVERSITY 100 CAMPUS DRIVE ELON, NC 27244	**-***2303	501(C)(3)	5,000.	0.			ANNUAL FUND
EMORY UNIVERSITY DEPARTMENT OF PEDIATRICS - 1440 CLIFTON ROAD - ATLANTA, GA 30322	**-***7993	501(C)(3)	5,000.	0.			PARTNERS FOR EQUITY IN CHILD AND ADOLESCENT HEALTH
EMORY UNIVERSITY OFFICE OF GIFT RECORDS - 1762 CLIFTON ROAD - ATLANTA, GA 30322	**-***6256	501(C)(3)	231,000.	0.			MULTIPLE SUPPORT
EMORY UNIVERSITY, GOIZUETA SCHOOL OF BUSINESS - 1762 CLIFTON ROAD - ATLANTA, GA 30322-4001	**-***6256	501(C)(3)	5,000.	0.			GENERAL DONATION
EPISCOPAL HIGH SCHOOL 1200 N. QUAKER LANE ALEXANDRIA, VA 22302	**-***6326	501(C)(3)	5,000.	0.			GENERAL DONATION
FAMILIES FIRST, INC. 1105 WEST PEACHTREE ST. NE ATLANTA, GA 30309	**-***4331	501(C)(3)	5,000.	0.			GENERAL DONATION

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FEEDING THE VALLEY FOOD BANK 5928 COCA-COLA BOULEVARD COLUMBUS, GA 31908	** - ***8131	501(C)(3)	50,275.	0.			GENERAL DONATION
FELLOWSHIP OF CHRISTIAN ATHLETES/ UGA CAMPUS MINISTRY - P.O. BOX 7476 - ATHENS, GA 30604	** - ***0626	501(C)(3)	5,000.	0.			GENERAL DONATION
FERST FOUNDATION FOR CHILDHOOD LITERACY, INC. - P.O. BOX 4605 - COLUMBUS, GA 31914	** - ***9181	501(C)(3)	12,100.	0.			MULTIPLE SUPPORT
FIRST BAPTIST CHURCH 212 12TH STREET COLUMBUS, GA 31901	** - ***9986	501(C)(3)	25,400.	0.			MULTIPLE SUPPORT
FIRST PRESBYTERIAN CHURCH 1100 FIRST AVENUE COLUMBUS, GA 31909	** - ***5891	501(C)(3)	149,600.	0.			MULTIPLE SUPPORT
FIRST PRESBYTERIAN CHURCH 120 BROAD STREET LAGRANGE, GA 30240	** - ***1749	501(C)(3)	40,500.	0.			MULTIPLE SUPPORT
FIRST UNITED CHURCH OF PORT ST. JOE, FLORIDA - P.O. BOX 266 - PORT ST. JOE, FL 32456	** - ***6627	501(C)(3)	5,000.	0.			BUILDING FUND
FIRST UNITED METHODIST CHURCH 401 BROAD STREET LAGRANGE, GA 30240	** - ***6179	501(C)(3)	7,500.	0.			GENERAL DONATION
FIX GEORGIA PETS, INC. 6300 POWERS FERRY ROAD ATLANTA, GA 30339	** - ***2739	501(C)(3)	5,000.	0.			GENERAL DONATION

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FOLDS OF HONOR FOUNDATION 800 N PATRIOT DRIVE OWASSO, OK 74055	**-***0683	501(C)(3)	15,000.	0.			SCHOLARSHIP SUPPORT
FRED HASKINS COMMISSION, INC. 2610 CHEROKEE AVENUE COLUMBUS, GA 31906	**-***2950	501(C)(3)	20,000.	0.			GENERAL DONATION
FRIENDS OF THE SAINT PAUL PUBLIC LIBRARY - 325 CEDAR STREET - ST. PAUL, MN 55101-1055	**-***9683	501(C)(3)	9,540.	0.			STRATEGIC PLANNING
GEHL STUDIO / NEW YORK- A GEHL ARCHITECTS COMPANY - 154 GRAND STREET - NEW YORK, NY 10013	**-***9787	*	31,276.	0.			PUBLIC WORKSHOP/PLAN FOR BETTER PUBLIC SPACE
GEORGIA CENTER FOR ONCOLOGY RESEARCH AND EDUCATION, INC. - 50 HURT PLAZA - ATLANTA, GA 30303	**-***9979	501(C)(3)	10,000.	0.			GENERAL DONATION
GEORGIA HISTORICAL SOCIETY 501 WHITAKER STREET SAVANNAH, GA 31401	**-***3403	501(C)(3)	10,000.	0.			GENERAL DONATION
GEORGIA INSTITUTE OF TECHNOLOGY 500 TECH PARKWAY ATLANTA, GA 30332	**-***2023	501(C)(3)	9,570.	0.			MULTIPLE SUPPORT
GEORGIA NATURAL RESOURCES FOUNDATION - 2 MARTIN LUTHER KING DR. SE - ATLANTA, GA 30334	**-***9565	501(C)(3)	20,000.	0.			MULTIPLE SUPPORT
GEORGIA ORGANICS 200 A OTTLEY DRIVE NE ATLANTA, GA 30324	**-***5310	501(C)(3)	40,262.	0.			MULTIPLE SUPPORT

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GEORGIA PREVENTION PROJECT 3715 NORTHSIDE PARKWAY ATLANTA, GA 30327	**-***8232	501(C)(3)	10,500.	0.			GENERAL DONATION
GEORGIA SHERIFF'S YOUTH HOMES, INC. - PO BOX 1000 - STOCKBRIDGE, GA 30281	**-***0087	501(C)(3)	6,000.	0.			MULTIPLE SUPPORT
GEORGIA TECH FOUNDATION 760 SPRING STREET NW ATLANTA, GA 30308	**-***3294	501(C)(3)	50,100.	0.			MULTIPLE SUPPORT
GIRLS, INC. OF COLUMBUS P.O. BOX 3096 COLUMBUS, GA 31903-0096	**-***1441	501(C)(3)	59,050.	0.			MULTIPLE SUPPORT
GLOBAL EFFECT MINISTRIES P.O. BOX 611635 ROSEMARY BEACH, FL 32461	**-***5968	501(C)(3)	5,000.	0.			GENERAL DONATION
GLOBAL TEEN CHALLENGE P.O. BOX 511 COLUMBUS, GA 31902	**-***2759	501(C)(3)	147,300.	0.			MULTIPLE SUPPORT
GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS, INC. - 2607 CROSS COUNTRY DRIVE - COLUMBUS, GA 31906	**-***5822	501(C)(3)	8,000.	0.			MULTIPLE SUPPORT
HABITAT FOR HUMANITY IN MERIWEATHER COUNTY - PO BOX 897 - MANCHESTER, GA 31816	**-***8276	501(C)(3)	55,000.	0.			HOME CONSTRUCTION
HABITAT FOR HUMANITY OF OMAHA 1701 N 24TH STREET OMAHA, NE 68110	**-***3625	501(C)(3)	25,000.	0.			HOME CONSTRUCTION

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HARBOR SPRINGS LYRIC THEATRE P.O. BOX 345 HARBOR SPRINGS, MI 49740	**-***7766	501(C)(3)	60,000.	0.			GENERAL DONATION
HARVARD ART MUSEUMS 32 QUINCY STREET CAMBRIDGE, MA 02138	**-***3580	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
HISTORIC CHATTAHOOCHEE COMMISSION PO BOX 33 EUFULA, AL 36072-0033	**-***0672	170(C)(1)	59,400.	0.			OPERATING SUPPORT
HISTORIC COLUMBUS FOUNDATION, INC. P.O. BOX 5312 COLUMBUS, GA 31906	**-***1916	501(C)(3)	195,446.	0.			MULTIPLE SUPPORT
HISTORIC WESTVILLE, INC P.O. BOX 3442 COLUMBUS, GA 31903	**-***8435	501(C)(3)	106,806.	0.			MULTIPLE SUPPORT
HOUSE OF HEROES, CHATTAHOOCHEE VALLEY CHAPTER - 1225 WEBSTER AVE. - COLUMBUS, GA 31901	**-***7613	501(C)(3)	123,400.	0.			MULTIPLE SUPPORT
HOUSE OF MERCY 1532 THIRD AVENUE COLUMBUS, GA 31901	**-***0692	501(C)(3)	46,120.	0.			GENERAL DONATION
HOUSE OF T.I.M.E., INC. 1200 WYNNTON ROAD COLUMBUS, GA 31906	**-***5951	501(C)(3)	36,350.	0.			GENERAL DONATION
HUGHSTON FOUNDATION, INC. PO BOX 9517 COLUMBUS, GA 31908-9517	**-***4127	501(C)(3)	25,500.	0.			MULTIPLE SUPPORT

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INCREMENTAL DEVELOPMENT ALLIANCE P.O. BOX 8847 MINNEAPOLIS, MN 55408	*****0165	CHARITABLE PURPOSE	35,565.	0.			EVOLVING MIDTOWN PROJECT
JOHNS HOPKINS UNIVERSITY 5200 EASTERN AVENUE, MFL CENTER TOW BALTIMORE, MD 21224-2735	**-***5110	501(C)(3)	400,000.	0.			CIM - FOOD, MIND AND BODY CENTER
JUVENILE DIABETES RESEARCH FOUNDATION- GA CHAPTER - 6525 PIEDMONT ROAD - ATLANTA, GA 30305	**-***7729	501(C)(3)	10,000.	0.			206 ONE WALK
KENTLER INTERNATIONAL DRAWING SPACE, INC. - 353 VAN BRUNT ST. - BROOKLYN, NY 11231	**-***1398	501(C)(3)	25,000.	0.			TO SUPPORT THE EFFORTS OF FLORENCE NEAL
LAGRANGE ACADEMY 1501 VERNON ROAD LAGRANGE, GA 30240-4146	**-***7459	501(C)(3)	5,500.	0.			ANNUAL FUND
LAGRANGE ART MUSEUM 112 LAFAYETTE SQUARE LAGRANGE, GA 30240	**-***5805	501(C)(3)	23,202.	0.			MULTIPLE SUPPORT
LAGRANGE COLLEGE 601 BROAD STREET LAGRANGE, GA 30240	**-***6199	501(C)(3)	14,000.	0.			MULTIPLE SUPPORT
LAGRANGE SYMPHONY ORCHESTRA, INC. PO BOX 2321 LAGRANGE, GA 30241	**-***2569	501(C)(3)	31,189.	0.			MULTIPLE SUPPORT
LEE COUNTY HISTORICAL SOCIETY PO BOX 206 LOACHAPOKA, AL 36865	**-***7476	501(C)(3)	5,000.	0.			ALABAMA'S RICH HISTORY II

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LITERACY ACTION, INC. 100 EDGEWOOD AVE #650 ATLANTA, GA 30303	**-***3728	501(C)(3)	5,000.	0.			GENERAL DONATION
LOVETT SCHOOL 4075 PACES FERRY ROAD NW ATLANTA, GA 30327	**-***9038	501(C)(3)	23,000.	0.			MULTIPLE SUPPORT
LOWER CHATTAHOOCHEE DIRECT SERVICE CORP. - 1500 2ND AVENUE - COLUMBUS, GA 31901	**-***0781	501(C)(3)	14,340.	0.			MEALS ON WHEELS
MAKE-A-WISH FOUNDATION OF GEORGIA INC. - 1775 THE EXCHANGE - ATLANTA, GA 30339	**-***6828	501(C)(3)	61,250.	0.			MULTIPLE SUPPORT
MARION COUNTY BOARD OF COMMISSIONERS - P.O. BOX 481 - BUENA VISTA, GA 31803	**-***0860	170(C)(1)	20,000.	0.			SUPPORT OF THE BUENA VISTA/MARION COUNTY, GEORGIA IMPROVEMENT PLAN
MARIST SCHOOL 3790 ASHFORD-DUNWOODY RD. NE ATLANTA, GA 30319	**-***6204	501(C)(3)	22,167.	0.			ANNUAL FUND
MCSO ON BEHALF OF CHATTAHOOCHEE VALLEY LIBRARIES - 3000 MACON ROAD - COLUMBUS, GA 31906	**-***0143	501(C)(3)	444,250.	0.			OPERATING SUPPORT
MERCER UNIVERSITY 1501 MERCER UNIVERSITY DR. MACON, GA 31207	**-***6167	501(C)(3)	10,585.	0.			MULTIPLE SUPPORT
MERCYMED OF COLUMBUS P.O. BOX 1491 COLUMBUS, GA 31902-1419	**-***1913	501(C)(3)	248,980.	0.			MULTIPLE SUPPORT

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METHODIST HOME FOR CHILDREN AND YOUTH - PO BOX 2525 - MACON, GA 31203-2525	**-***2971	501(C)(3)	13,500.	0.			MULTIPLE SUPPORT
MIDTOWN FELLOWSHIP P.O. BOX 505 COLUMBIA, SC 29202	**-***0969	501(C)(3)	8,400.	0.			MULTIPLE SUPPORT
MIDTOWN, INC. 1236 WILDWOOD AVENUE COLUMBUS, GA 31906	**-***3174	501(C)(3)	111,666.	0.			MULTIPLE SUPPORT
MISSION TO THE WORLD P.O. BOX 2589 SUWANEE, GA 30024-0982	**-***5982	501(C)(3)	18,000.	0.			SUPPORT OF MISSION WORK
MUSCOGEE COUNTY SCHOOL DISTRICT PO BOX 2427 COLUMBUS, GA 31902-2427	**-***0143	170(C)(1)	41,125.	0.			MULTIPLE PROJECTS
MUSICIANS ON CALL, INC. 39 WEST 32ND STREET NEW YORK, NY 10001-3842	**-***7116	501(C)(3)	10,000.	0.			SUPPORT OF THE BEDSIDE PERFORMANCE PROGRAM
MYASTHENIA GRAVIS FOUNDATION, INC. 355 LEXINGTON AVENUE NEW YORK, NY 10017	**-***2224	501(C)(3)	15,000.	0.			GENERAL DONATION
NAOMI'S VILLAGE, INC. 6900 DALLAS PARKWAY PLANO, TX 75024	**-***2323	501(C)(3)	6,600.	0.			MULTIPLE SUPPORT
NATIONAL INFANTRY FOUNDATION 1775 LEGACY WAY COLUMBUS, GA 31903	**-***2819	501(C)(3)	143,667.	0.			MULTIPLE SUPPORT

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NATURAL RESOURCES DEFENSE COUNCIL, INC. - P.O. BOX 1830 - MERRIFIELD, VA 22116-9729	**-***4926	501(C)(3)	5,000.	0.			GENERAL DONATION
NEIGHBORWORKS COLUMBUS 18 11TH STREET COLUMBUS, GA 31901	**-***8678	501(C)(3)	27,100.	0.			MULTIPLE SUPPORT
NORTHSIDE UNITED METHODIST CHURCH 2799 NORTHSIDE DRIVE NW ATLANTA, GA 30305	**-***2662	501(C)(3)	26,000.	0.			ANNUAL SUPPORT
OPEN DOOR COMMUNITY HOUSE, INC. 2405 2ND AVENUE COLUMBUS, GA 31901-1023	**-***1980	501(C)(3)	33,400.	0.			MULTIPLE SUPPORT
OREGON COMMUNITY FOUNDATION 15 SW COLORADO AVENUE BEND, OR 97702	**-***5673	501(C)(3)	12,759.	0.			MULTIPLE SUPPORT
PACE ACADEMY 966 W. PACES FERRY ROAD, N.W. ATLANTA, GA 30327	**-***6812	501(C)(3)	10,000.	0.			BRADLEY TURNER LEADERSHIP FUND
PASTORAL INSTITUTE, INC 2022 FIFTEENTH AVE COLUMBUS, GA 31901	**-***7764	501(C)(3)	95,550.	0.			MULTIPLE SUPPORT
PAWS HUMANE 4900 MILGEN RD COLUMBUS, GA 31907	**-***3501	501(C)(3)	29,272.	0.			MULTIPLE SUPPORT
PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL ROAD ATLANTA, GA 30363	**-***6210	501(C)(3)	20,000.	0.			ANNUAL SUPPORT

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PEACHTREE ROAD UNITED METHODIST CHURCH - 3180 PEACHTREE RD, NW - ATLANTA, GA 30305	**-***5363	501(C)(3)	12,000.	0.			ANNUAL SUPPORT
PHENIX CITY SCHOOL DISTRICT P.O. BOX 460 PHENIX CITY, AL 36868-0460	**-***1032	170(C)(1)	8,333.	0.			THE STEM CENTER
POINTS OF LIGHTS FOUNDATION 600 MEANS STREET NW ATLANTA, GA 30318	**-***6641	501(C)(3)	10,000.	0.			GENERAL DONATION
PORT COLUMBUS, THE NATIONAL CIVIL WAR NAVAL MUSEUM - 1002 VICTORY DRIVE - COLUMBUS, GA 31901	**-***7274	501(C)(3)	19,500.	0.			MULTIPLE SUPPORT
PRESBYTERIAN COLLEGE 503 S. BROAD STREET CLINTON, SC 29325	**-***4408	501(C)(3)	10,585.	0.			MULTIPLE SUPPORT
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVENUE CHARLOTTE, NC 28274		501(C)(3)	6,000.	0.			MULTIPLE SUPPORT
RADIUS BOOKS, INC. 227 E PALACE AVE STE W SANTA FE, NM 87501	**-***7383	501(C)(3)	5,000.	0.			GENERAL DONATION
REACH FORWARD, INC. 3715 NORTHSIDE PARKWAY, BLDG 200 ATLANTA, GA 30327	**-***4170	501(C)(3)	6,000.	0.			ART ACADEMY SCHOLARSHIP FUND
RIVERCENTER FOR THE PERFORMING ARTS - P.O. BOX 2425 - COLUMBUS, GA 31902	**-***5233	501(C)(3)	181,558.	0.			MULTIPLE SUPPORT

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ROAD RUNNERS OF AMERICA 6867 MOUNTAINBROOK DR. COLUMBUS, GA 31904	**-***0302	501(C)(3)	10,000.	0.			SUPPORT OF MILITARY BENEFICIARIES OF THE 2015 SOLDIER MARATHON
ROAD SAFE AMERICA, INC. PO BOX 191502 ATLANTA, GA 31119	**-***6556	501(C)(3)	5,500.	0.			GENERAL DONATION
ROTHSCHILD LEADERSHIP ACADEMY 1136 HUNT AVENUE COLUMBUS, GA 31907	**-***0143	170(C)(1)	8,000.	0.			PROJECT SUPPORT
RUSSELL COUNTY SHERRIFF'S OFFICE 305 PRENTISS DR. PHENIX CITY, AL 36869	**-***7062	170(C)(1)	50,000.	0.			BODY CAMERAS AND DATABASE STORAGE
SARA SPANO PTA CLOTHING BANK P.O. BOX 12474 COLUMBUS, GA 31917	**-***4648	501(C)(3)	14,839.	0.			GENERAL DONATION
SCHWAB CHARITABLE FUND P.O. BOX 628298 ORLANDO, FL 32862	**-***0316	501(C)(3)	50,518.	0.			MULTIPLE SUPPORT
SIERRA CLUB FOUNDATION 85 SECOND STREET SAN FRANCISCO, CA 94105	**-***9890	501(C)(3)	5,000.	0.			GENERAL DONATION
SMILE TRAIN, INC. 41 MADISON AVE., 28TH FLOOR NEW YORK, NY 10010	**-***1416	501(C)(3)	10,000.	0.			GENERAL DONATION
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	**-***8743	501(C)(3)	5,000.	0.			GENERAL DONATION

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SPRINGER OPERA HOUSE 103 10TH STREET COLUMBUS, GA 31901-2741	**-***5084	501(C)(3)	120,386.	0.			MULTIPLE SUPPORT
ST. CHARLES AVENUE PRESBYTERIAN CHURCH - 1545 STATE STREET - NEW ORLEANS, LA 70118	**-***8996	501(C)(3)	5,000.	0.			ANNUAL SUPPORT
ST. FRANCIS HOSPITAL FOUNDATION, INC - P.O. BOX 7000 - COLUMBUS, GA 31908-7000	**-***5070	501(C)(3)	70,584.	0.			MULTIPLE SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - P.O. BOX 1893 - MEMPHIS, TN 38101-2132	**-***6012	501(C)(3)	26,000.	0.			MULTIPLE SUPPORT
ST. LUKE UNITED METHODIST CHURCH P.O. BOX 867 COLUMBUS, GA 31902	**-***0861	501(C)(3)	409,246.	0.			ANNUAL SUPPORT
ST. PATRICK'S EPISCOPAL DAY SCHOOL 4700 WHITEHAVEN PARKWAY NW WASHINGTON, DC 20007	**-***6494	501(C)(3)	5,000.	0.			ANNUAL FUND
ST. PAUL UNITED METHODIST CHURCH 2101 WILDWOOD AVENUE COLUMBUS, GA 31906	**-***9812	501(C)(3)	8,000.	0.			ANNUAL SUPPORT
STEWART COMMUNITY HOME, INC. PO BOX 4279 COLUMBUS, GA 31914-0279	**-***7158	501(C)(3)	10,900.	0.			MULTIPLE SUPPORT
STRONG TOWNS 1511 NORTHERN PACIFIC ROAD BRAINERD, MN 56401	**-***9378	501(C)(3)	5,091.	0.			MULTIPLE SUPPORT

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TEMPLE ISRAEL 1617 WILDWOOD AVENUE COLUMBUS, GA 31906	** - ***4115	501(C)(3)	6,732.	0.			ANNUAL SUPPORT
THE AMERICAN CANCER SOCIETY 233 12TH STREET COLUMBUS, GA 31901	** - ***8491	501(C)(3)	10,400.	0.			MULTIPLE SUPPORT
THE BADDOUR MEMORIAL CENTER, INC. P.O. BOX 97 SENATOBIA, MS 38668-0069	** - ***8661	501(C)(3)	5,000.	0.			GENERAL DONATION
THE CENTER FOR URBAN PEDAGOGY 232 THIRD STREET BROOKLYN, NY 11215	** - ***5306	501(C)(3)	5,000.	0.			GENERAL DONATION
THE COLUMBUS ALLIANCE FOR REGIONAL INVESTMENT - P.O. BOX 1200 - COLUMBUS, GA 31902-1200	** - ***6611	501(C)(3)	59,153.	0.			MULTIPLE SUPPORT
THE COLUMBUS COMMUNITY CENTER 3952 STEAM MILL ROAD COLUMBUS, GA 31907	** - ***3031	501(C)(3)	10,000.	0.			GENERAL DONATION
THE FAMILY CENTER P.O. BOX 1825 COLUMBUS, GA 31902	** - ***8526	501(C)(3)	32,688.	0.			MULTIPLE SUPPORT
THE GEORGIA STATE UNIVERSITY FOUNDATION, INC. - OFFICE OF DEVELOPMENT, UNIVERSITY PLAZA - ATLANTA, GA 30303-3080		501(C)(3)	5,000.	0.			ANNUAL FUND
THE RIDGE 5624 WHITESVILLE RD. COLUMBUS, GA 31904	** - ***4303	501(C)(3)	7,000.	0.			ANNUAL SUPPORT

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THE RIVER OF COLUMBUS P.O. BOX 190 MIDLAND, GA 31820	**-***8704	501(C)(3)	5,441.	0.			ANNUAL SUPPORT
THE SALVATION ARMY P.O. BOX 9143 COLUMBUS, GA 31908-9285	**-***0607	501(C)(3)	12,500.	0.			GENERAL DONATION
THE STEEPLECHASE AT CALLAWAY GARDENS - P.O. BOX 2311 - COLUMBUS, GA 31902	**-***0923	501(C)(3)	31,000.	0.			MULTIPLE SUPPORT
THE WYNN HOUSE, INC. 1240 WYNNTON ROAD COLUMBUS, GA 31906	**-***3391	501(C)(3)	8,500.	0.			MULTIPLE SUPPORT
THOMAS JEFFERSON FOUNDATION PO BOX 217 CHAROTTESVILLE, VA 22902	**-***5959	501(C)(3)	5,000.	0.			GENERAL DONATION
THORNWELL HOME FOR CHILDREN 302 SOUTH BROAD STREET CLINTON, SC 29325	**-***4418	501(C)(3)	5,000.	0.			NEEDS OF THE CHILDREN
THUNDER IN THE VALLEY AIR SHOW CHARITIES, INC. - 4747-C HAMILTON ROAD - COLUMBUS, GA 31904	**-***1162	501(C)(3)	7,500.	0.			THUNDER IN THE VALLEY AIR SHOW
TIPPING POINT COMMUNITY 220 MONTGOMERY ST. SAN FRANCISCO, GA 94104	**-***1739	501(C)(3)	5,000.	0.			GENERAL DONATION
TREES COLUMBUS, INC. P.O. BOX 1531 COLUMBUS, GA 31902	**-***9040	501(C)(3)	28,635.	0.			MULTIPLE SUPPORT

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TRINITY EPISCOPAL CHURCH P.O. BOX 1146 COLUMBUS, GA 31902-1146	**-***0868	501(C)(3)	75,250.	0.			MULTIPLE SUPPORT
TRINITY SCHOOL, INC. 4301 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327	**-***7585	501(C)(3)	5,000.	0.			THE TRINITY FUND
TROUP CARES, INC. P.O. BOX 800027 LAGRANGE, GA 30240	**-***6300	501(C)(3)	7,500.	0.			SUPPORT OF THE TROUP CARES FREE MEDICAL CLINIC WITHIN THE WEST POINT, GA AREA
TROUP COUNTY SCHOOL SYSTEM 100 NORTH DAVIS ROAD LAGRANGE, GA 30241	**-***0333	170(C)(1)	5,539.	0.			HARVARD SUMMER SCHOLARSHIP 2016
TROY UNIVERSITY FOUNDATION ONE UNIVERSITY PLACE PHENIX CITY, AL 36869	**-***7755	501(C)(3)	5,000.	0.			PHENIX CITY CAMPUS- RIVERFRONT CONSTRUCTION
TRUST FOR PUBLIC LAND - GEORGIA OFFICE - 600 W. PEACHTREE STREET, NW - ATLANTA, GA 30308	**-***2333	501(C)(3)	10,000.	0.			THE CHATTAHOOCHEE VALLEY BLUEWAY
TRUTH SPRING INCORPORATED 3314 5TH AVENUE COLUMBUS, GA 31904	**-***3712	501(C)(3)	18,000.	0.			MULTIPLE SUPPORT
TULANE UNIVERSITY 6823 ST. CHARLES AVE. NEW ORLEANS, LA 70118	**-***3889	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT
TWIN CEDARS YOUTH SERVICES, INC P.O. BOX 1526 LAGRANGE, GA 30241	**-***3499	501(C)(3)	43,000.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Schedule I (Form 990)

** - ***1589

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST HIGHER EDUCATION FOUNDATION - 1001 19TH AVENUE SOUTH - NASHVILLE, TN 37203-0005	**-***7869	501(C)(3)	5,000.	0.			GENERAL DONATION
UNITED WAY OF GENESEE COUNTY 111 E. COURT STREET FLINT, MI 48502	**-***9516	501(C)(3)	20,000.	0.			GENERAL DONATION
UNITED WAY OF THE CHATTAHOOCHEE VALLEY, INC. - P.O. BOX 1157 - COLUMBUS, GA 31902-1157	**-***2434	501(C)(3)	1,026,744.	0.			MULTIPLE SUPPORT
UNITED WAY OF THE GREATER CAPITAL REGION - P.O. BOX 13865 - ALBANY, NY 12211	**-***4505	501(C)(3)	10,000.	0.			GENERAL DONATION
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST. OMAHA, NE 68102	**-***6605	501(C)(3)	10,000.	0.			GENERAL DONATION
UNITED WAY OF WEST GEORGIA, INC. PO BOX 532 LAGRANGE, GA 30241	**-***6480	501(C)(3)	9,000.	0.			GENERAL DONATION
UNIVERSITY OF GEORGIA 405 COLLEGE STATION RD ATHENS, GA 30602	**-***1978	501(C)(3)	6,460.	0.			MULTIPLE SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE ATHENS, GA 30602	**-***3837	501(C)(3)	273,150.	0.			MULTIPLE SUPPORT
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - P.O. BOX 309 - CHAPEL HILL, NC 27514-0309	**-***1393	501(C)(3)	7,500.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

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Page 1

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
UNIVERSITY OF RICHMOND 28 WESTHAMPTON WAY RICHMOND, VA 23173	**-***5965	501(C)(3)	10,000.	0.			ANNUAL FUND
UNIVERSITY SYSTEM OF GEORGIA FOUNDATION, INC. - 270 WASHINGTON ST. SW - ATLANTA, GA 30334	**-***3106	501(C)(3)	5,000.	0.			GENERAL DONATION
UPTOWN COLUMBUS, INC. P.O. BOX 1237 COLUMBUS, GA 31902	**-***1594	501(C)(3)	48,500.	0.			MULTIPLE SUPPORT
VALLEY HEALTHCARE SYSTEM, INC. 1600 FORT BENNING ROAD COLUMBUS, GA 31903	**-***9205	501(C)(3)	50,000.	0.			GENERAL DONATION
VALLEY INTERFAITH PROMISE, INC. P.O. BOX 1141 COLUMBUS, GA 31902	**-***9503	501(C)(3)	8,500.	0.			MULTIPLE SUPPORT
VALLEY RESCUE MISSION, INC. 2903 SECOND AVENUE COLUMBUS, GA 31904	**-***8148	501(C)(3)	47,026.	0.			MULTIPLE SUPPORT
WAKE FOREST UNIVERSITY P.O. BOX 7227 WINSTON-SALEM, NC 27109-7227	**-***2138	501(C)(3)	12,200.	0.			MULTIPLE SUPPORT
WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON STREET LEXINGTON, VA 24450-2116	**-***5977	501(C)(3)	17,500.	0.			MULTIPLE SUPPORT
WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210-4462	**-***3438	501(C)(3)	13,000.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Schedule I (Form 990)

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Page 1

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
WEST GEORGIA HEALTH FOUNDATION 1514 VERNON ROAD LAGRANGE, GA 30240	**-***6376	501(C)(3)	11,250.	0.			MULTIPLE SUPPORT
WESTON BAPTIST CHURCH P.O. BOX 156 WESTON, GA 31832	**-***1222	501(C)(3)	7,000.	0.			GENERAL DONATION
WILLIAMS COLLEGE P.O. BOX 67 WILLIAMSTOWN, MA 01267		501(C)(3)	5,000.	0.			ANNUAL FUND
WINSHAPE FOUNDATION, INC. P.O. BOX 490007 MOUNT BERRY, GA 30149	**-***5471	501(C)(3)	50,000.	0.			GENERAL DONATION
WOUNDED WARRIOR PROJECT, INC. P.O. BOX 758517 TOPEKA, KS 66675	**-***0934	501(C)(3)	15,510.	0.			MULTIPLE SUPPORT
YOUNG HARRIS COLLEGE PO BOX 68 YOUNG HARRIS, GA 30582	**-***3414	501(C)(3)	5,000.	0.			GENERAL DONATION
YOUNG LIFE 1137 LOCKWOOD AVENUE COLUMBUS, GA 31906	**-***5934	501(C)(3)	33,139.	0.			MULTIPLE SUPPORT
YOUNG LIFE CHARLESTON 342 MEETING ST CHARLESTON, SC 29403-6438	**-***5934	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT
YOUNG LIFE COLUMBIA PO BOX 5772 COLUMBUS, SC 29250-5772	**-***5934	501(C)(3)	5,000.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

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 non-cash assistance

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

SCHEDULE I, PART II, COLUMN C

* - THESE GRANTS WERE DIRECT PAYMENTS ON BEHALF OF VARIOUS 501(C)(3) ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 (e.g., 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

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 in line 1a?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- If "Yes" to 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?
- b** Any related organization?
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	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) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BETSY COVINGTON PRESIDENT & CHIEF EXECUTIV	(i)	161,128.	0.	0.	0.	13,508.	174,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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	66	21,893,466.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 11:

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

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 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ 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

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

C Book value of all assets at end of year 130,290,769.	F Group exemption number (See instructions.) ▶	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

H Describe the organization's primary unrelated business activity. ▶ **NONE**

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

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

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

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	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	34	0.

COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

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 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 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)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2014 overpayment credited to 2015	44a	
b 2015 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded	49	

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

1 At any time during the 2015 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
2 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
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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

Sign Here	Signature of officer	Date	PRESIDENT & CEO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name JACK J. PEASE, III, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	
Paid Preparer Use Only	Firm's name ROBINSON, GRIMES & COMPANY, P.C. P.O. BOX 4299	Firm's EIN **-***4304	Firm's address COLUMBUS, GA 31914	Phone no. 706-324-5435	

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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(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)		
(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 ▶			0.	0.
Total dividends-received deductions included in column 8 ▶			0.	

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
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)				
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)						
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.

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)		0.	0.			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.