8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning OCT 1, 2023, and ending SEP 30, 2024

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Name of filer: COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

EIN or SSN: **-***1589

Name and title of officer or person subject to tax: BETSY W COVINGTON
PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b 43,424,174.
2a	**Form 990-EZ** check here		b	**Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here		b	**Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here		b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b
5a	**Form 8868** check here		b	**Balance due** (Form 8868, line 3c)	5b
6a	**Form 990-T** check here		b	**Total tax** (Form 990-T, Part III, line 4)	6b
7a	**Form 4720** check here		b	**Total tax** (Form 4720, Part III, line 1)	7b
8a	**Form 5227** check here		b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b
9a	**Form 5330** check here		b	**Tax due** (Form 5330, Part II, line 19)	9b
10a	**Form 8038-CP** check here		b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

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PIN: check one box only

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

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 58915189493
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature CHRISTOPHER A. MILLER, CPA Date 8-12-25

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

LHA 302521 01-05-24

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

Taxpayer identification number (TIN)
-*1589

Number, street, and room or suite no. If a P.O. box, see instructions.
1147 6TH AVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
COLUMBUS, GA 31901

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of BETSY COVINGTON
1147 6TH AVE - COLUMBUS, GA 31901

Telephone No. 706-320-0027 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or

☒ tax year beginning OCT 1, 20 23, and ending SEP 30, 20 24

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

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

olumbus, Georgia 31914
elephone 706-324-5435

EXTENDED TO AUGUST 15, 2025

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ termin-ated
- [ ] Amended return
- [ ] Applica-tion 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
1147 6TH AVE

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, GA 31901

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 $ 86,023,926.

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

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.CFCV.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY ENABLES AND PROMOTES PHILANTHROPY THAT

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	77,496.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,180,575.	34,752,080.
9	Program service revenue (Part VIII, line 2g)	352,342.	376,709.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,344,561.	8,295,304.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	81.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,877,478.	43,424,174.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,257,623.	38,522,949.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	840,360.	904,936.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 156,100.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	628,782.	705,838.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,726,765.	40,133,723.
19	Revenue less expenses. Subtract line 18 from line 12	10,150,713.	3,290,451.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	298,477,342.	349,038,349.
21	Total liabilities (Part X, line 26)	4,725,372.	4,526,268.
22	Net assets or fund balances. Subtract line 21 from line 20	293,751,970.	344,512,081.

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 [signature] Date 8-12-25

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

Paid Preparer Use Only

Print/Type preparer's name: CHRISTOPHER A. MILLER, CP
Preparer's signature [signature]
Date 8-12-25
Check if self-employed [ ]
PTIN P00189493

Firm's name ROBINSON, GRIMES & CO., P.C.
Firm's EIN **-***4304

Firm's address P.O. BOX 4299
COLUMBUS, GA 31914
Phone no. 706-324-5435

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 ENABLES AND PROMOTES PHILANTHROPY THAT INSPIRES, FACILITATES AND FOSTERS A VIBRANT AND ENGAGED CHATTAHOOCHEE VALLEY.

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 $ 38,769,514. including grants of $ 38,522,949.) (Revenue $ 3,606,412.)
THE FOUNDATION RECEIVED $34,752,080 IN CONTRIBUTION INCOME FROM APPROXIMATELY 991 DONORS DURING THE YEAR. IN ADDITION, GRANTS WERE DISPERSED TO APPROXIMATELY 751 RECIPIENTS TOTALING $38,522,949.

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

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

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

4e Total program service expenses 38,769,514.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	23		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

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	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
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, 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 on 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 on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

BETSY COVINGTON - 706-320-0027

1147 6TH AVE, COLUMBUS, GA 31901

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) BETSY COVINGTON PRESIDENT & CEO	40.00			X				224,061.	0.	24,999.
(2) LEAH POOLE CFO	40.00					X		158,383.	0.	7,619.
(3) KELLI PARKER VP GRANTS & PROGRAMS	40.00					X		131,436.	0.	6,272.
(4) ALAN F. ROTHSCHILD, JR. GENERAL COUNSEL	1.00	X						0.	0.	0.
(5) DAVID M. WHITE IMMEDIATE PAST CHAIR/BOARD	1.00	X						0.	0.	0.
(6) GEORGE FLOWERS TRUSTEE	1.00	X						0.	0.	0.
(7) BEN RICHARDSON TRUSTEE	1.00	X						0.	0.	0.
(8) ROBERT E. NOBLES SECRETARY	1.00	X						0.	0.	0.
(9) TRIP TOMLINSON CHAIR DISTRIBUTIONS	1.00	X						0.	0.	0.
(10) ADRIAN J. CHESTER TRUSTEE	1.00	X						0.	0.	0.
(11) J. LEN WILLIAMS TREASURER/CHAIR FINANCE/IN	1.00	X						0.	0.	0.
(12) MELISSA E. GAUNTT VICE CHAIR	1.00	X						0.	0.	0.
(13) L. DUPUY SEARS TRUSTEE	1.00	X						0.	0.	0.
(14) GENIECE R. GRANVILLE TRUSTEE	1.00	X						0.	0.	0.
(15) RODNEY K. MAHONE CHAIR	1.00	X						0.	0.	0.
(16) JAMES C. ELDER, JR. TRUSTEE	1.00	X						0.	0.	0.
(17) KENNETH M. HENSON, JR. TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) ANNA MARIE MCWILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(19) TYLER A. TOWNSEND TRUSTEE	1.00	X						0.	0.	0.
(20) GWEN RUFF TRUSTEE	1.00	X						0.	0.	0.
(21) NICHOLAS B. BETTIN TRUSTEE	1.00	X						0.	0.	0.
(22) GARDINER W. GARRARD, JR. TRUSTEE	1.00	X						0.	0.	0.
(23) DR. DIONNE M. ROSSER-MIMS TRUSTEE	1.00	X						0.	0.	0.
(24) WARREN B. STEELE TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								513,880.	0.	38,890.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								513,880.	0.	38,890.

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 3

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ P.O. BOX 16011, LEWISTON, ME 04243	INVESTMENT CONSULTING	171,312.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,752,080.				
	g Noncash contributions included in lines 1a-1f	1g	$ 29,282,189.				
	h **Total.** Add lines 1a-1f			34,752,080.			
Program Service Revenue			**Business Code**				
	2a CHANGE IN FAIR VALUE OF SPLIT INT		900099	376,709.	376,709.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			376,709.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,065,682.			5,065,682.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	45,829,374.				
	b Less: cost or other basis and sales expenses	7b	42,599,752.				
	c Gain or (loss)	7c	3,229,622.				
	d Net gain or (loss)			3,229,622.	3,229,622.		
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a MISCELLANEOUS INCOME		900099	81.	81.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			81.			
	12 **Total revenue.** See instructions			43,424,174.	3,606,412.	0.	5,065,682.

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	38,471,820.	38,471,820.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	51,129.	51,129.		
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	273,930.	43,829.	202,708.	27,393.
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	521,904.	83,505.	386,209.	52,190.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	53,952.	8,633.	39,923.	5,396.
10 Payroll taxes	55,150.	8,824.	40,811.	5,515.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,972.		9,972.	
c Accounting				
d Lobbying	7,500.	1,200.	5,550.	750.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	319,670.	51,147.	236,556.	31,967.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	34,610.		34,610.	
12 Advertising and promotion	54,056.	8,649.	40,001.	5,406.
13 Office expenses	14,618.	2,339.	10,817.	1,462.
14 Information technology	5,104.		5,104.	
15 Royalties				
16 Occupancy	65,276.	10,445.	48,303.	6,528.
17 Travel	6,979.	1,117.	5,164.	698.
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	18,078.		18,078.	
23 Insurance	13,056.	2,089.	9,661.	1,306.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SOFTWARE	81,338.	13,014.	60,190.	8,134.
b DUES & SUBSCRIPTIONS	23,980.	3,837.	17,745.	2,398.
c STRATEGIC PLANNING	14,101.	2,256.	10,435.	1,410.
d MISCELLANEOUS	13,520.	2,163.	10,004.	1,353.
e All other expenses	23,980.	3,518.	16,268.	4,194.
25 **Total functional expenses.** Add lines 1 through 24e	40,133,723.	38,769,514.	1,208,109.	156,100.
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)				

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		826,771.	1	1,292,453.
	2	Savings and temporary cash investments		8,851,745.	2	13,978,572.
	3	Pledges and grants receivable, net		1,834,656.	3	1,262,123.
	4	Accounts receivable, net		8,659.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 359,417.			
	b	Less: accumulated depreciation	10b 285,398.	86,858.	10c	74,019.
	11	Investments - publicly traded securities		59,319,853.	11	53,996,964.
	12	Investments - other securities. See Part IV, line 11		225,397,290.	12	276,619,999.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,151,510.	15	1,814,219.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		298,477,342.	16	349,038,349.
Liabilities	17	Accounts payable and accrued expenses		38,750.	17	31,658.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		4,686,622.	25	4,494,610.
	26	**Total liabilities.** Add lines 17 through 25		4,725,372.	26	4,526,268.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		290,179,804.	27	341,135,749.
	28	Net assets with donor restrictions		3,572,166.	28	3,376,332.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		293,751,970.	32	344,512,081.
	33	Total liabilities and net assets/fund balances		298,477,342.	33	349,038,349.

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	43,424,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,133,723.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,290,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	293,751,970.
5	Net unrealized gains (losses) on investments	5	47,469,660.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	344,512,081.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

Employer identification number **-***1589

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,767,501.	45,552,435.	20,182,508.	23,180,575.	34,752,080.	149,435,099.
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	25,767,501.	45,552,435.	20,182,508.	23,180,575.	34,752,080.	149,435,099.
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)						69,329,460.
6 **Public support.** Subtract line 5 from line 4.						80,105,639.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	25,767,501.	45,552,435.	20,182,508.	23,180,575.	34,752,080.	149,435,099.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,725,577.	2,835,021.	3,770,261.	4,271,889.	5,065,682.	18,668,430.
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.)					81.	81.
11 **Total support.** Add lines 7 through 10						168,103,610.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	47.65 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	49.36 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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.*	**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?	**1**		
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).*	**2**		
3	By reason of the relationship described on line 2, above, 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.*	**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 yea* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b 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.*	**2a**		
b	Did the activities described on line 2a, above, 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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
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.*	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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.)

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC. **-***1589

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2023

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
(SEE C/F WRAPPER FOR DETAILS)	72,691,532.	69,329,460.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 69,329,460.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
not over $500,000,	20% of the amount on line 1e.
over $500,000 but not over $1,000,000,	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000,	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000,	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000,	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,500.
j Total. Add lines 1c through 1i			7,500.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FOUNDATION PAID $7,500 TO VAN SCOYOC ASSOCIATES FOR THE FOUNDATION'S PUBLIC AWARENESS INITIATIVE.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

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	245	65
2	Aggregate value of contributions to (during year)	26,519,340.	7,206,663.
3	Aggregate value of grants from (during year)	31,946,009.	6,267,051.
4	Aggregate value at end of year	280,460,529.	51,761,678.

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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 make 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 program
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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	280,780,393.	248,529,109.	267,924,281.	189,325,899.	163,138,764.
b Contributions	13,063,976.	11,760,554.	21,819,111.	36,735,911.	21,580,312.
c Net investment earnings, gains, and losses	55,201,265.	27,513,232.	-32,824,344.	48,579,356.	12,413,187.
d Grants or scholarships	21,247,673.	5,859,938.	7,468,875.	5,710,017.	7,006,421.
e Other expenditures for facilities and programs	1,268,940.	1,162,564.	921,064.	1,006,868.	799,943.
f Administrative expenses					
g End of year balance	326,529,021.	280,780,393.	248,529,109.	267,924,281.	189,325,899.

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

a Board designated or quasi-endowment 99.9100 %
b Permanent endowment .0900 %
c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
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		184,808.	162,410.	22,398.
d Equipment		174,609.	122,988.	51,621.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				74,019.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VANGUARD 500 INDEX FUND	45,610,239.	END-OF-YEAR MARKET VALUE
(B) VANGUARD STAR FUND TOTAL		
(C) INTL STOCK INDEX	51,001,978.	END-OF-YEAR MARKET VALUE
(D) VANGUARD INDEX FUNDS		
(E) TOTAL STOCK MKT	53,251,919.	END-OF-YEAR MARKET VALUE
(F) ALTERNATIVE INVESTMENTS	105,675,223.	END-OF-YEAR MARKET VALUE
(G) VANGUARD TOTAL BOND		
(H) MARKET INDEX FUND	21,080,640.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	276,619,999.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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	4,494,610.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,494,610.

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

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	90,574,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	47,469,660.		
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	47,469,660.
3	Subtract line **2e** from line **1**			3	43,104,504.
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	319,670.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	319,670.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	43,424,174.

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	39,814,053.
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	39,814,053.
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	319,670.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	319,670.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	40,133,723.

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 ENABLE AND PROMOTE PHILANTHROPY THAT INSPIRES, FACILITATES AND FOSTERS A VIBRANT AND ENGAGED CHATTAHOOCHEE VALLEY.

PART X, LINE 2:

PART X, LINE 2: FIN 48 FOOTNOTE: GAAP REQUIRES MANAGEMENT TO EVALUATE POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS") OR STATE OR LOCAL TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE

Part XIII Supplemental Information *(continued)*

TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

Employer identification number **-***1589

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADAPTIVE PICKLEBALL 111 PINEWOOD DRIVE GREER, SC 29651	**-***6411	501 (C) (3)	10,000.	0.			MULTIPLE SUPPORT
AGRIAUTISM INC. 3907 PONTE VEDRA BOULEVARD JACKSONVILLE BEACH, FL 32250	**-***9404	501 (C) (3)	10,000.	0.			GENERAL DONATION
ALBANY STATE UNIVERSITY 2400 GILLIONVILLE ROAD ALBANY, GA 31707	**-***1996	501 (C) (3)	7,033.	0.			MULTIPLE SUPPORT
AL'S ANGELS 342 GREENS FARMS ROAD WESTPORT, CT 06880	**-***9310	501 (C) (3)	20,000.	0.			HOLIDAY MEALS
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC. - 41 PERIMETER CENTER EAST - ATLANTA, GA 30346	**-***9601	501 (C) (3)	30,750.	0.			MULTIPLE SUPPORT
AMERICAN HORSE TRIALS FOUNDATION INC. - 363 NORTH LOOMIS STREET - SOUTHWICK, MA 01077	**-***5923	501 (C) (3)	50,000.	0.			GENERAL DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 282.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDREW COLLEGE 501 COLLEGE STREET CUTHBERT, GA 39840-5550	**-***8687	501 (C) (3)	48,000.	0.			ANNUAL FUND
APPALACHIAN STATE UNIVERSITY FOUNDATION INC. - ASU BOX 32064 - BOONE, NC 28608-2064	**-***9379	501 (C) (3)	10,000.	0.			MULTIPLE SUPPORT
ASBURY THEOLOGICAL SEMINARY 204 N LEXINGTON AVENUE WILMORE, KY 40390-1129	**-***5823	501 (C) (3)	976,024.	0.			GENERAL DONATION
ATLANTA CHILDREN'S SHELTER PO BOX 54322 ATLANTA, GA 30308-0322	**-***5299	501 (C) (3)	15,000.	0.			GENERAL DONATION
ATLANTA COMMUNITY FOOD BANK INC. 3400 NORTH DESERT DRIVE ATLANTA, GA 30344-5719	**-***6648	501 (C) (3)	10,000.	0.			GENERAL DONATION
ATLANTA HISTORICAL SOCIETY INC. 130 W PACES FERRY ROAD NW ATLANTA, GA 30305-1380	**-***6162	501 (C) (3)	20,000.	0.			MULTIPLE SUPPORT
ATLANTA HUMANE SOCIETY & SOCIETY PREVENTION OF CRUELTY TO ANIMALS - PO BOX 746181 - ATLANTA, GA 30374	**-***5900	501 (C) (3)	5,042.	0.			MULTIPLE SUPPORT
ATLANTA MUSIC PROJECT INC. 883 DILL AVENUE SW ATLANTA, GA 30310	**-***7088	501 (C) (3)	10,000.	0.			GENERAL DONATION
ATLANTA POLICE FOUNDATION INC. 191 PEACHTREE STREET NE ATLANTA, GA 30303-1740	**-***5936	501 (C) (3)	10,000.	0.			GENERAL DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA RONALD MCDONALD HOUSE CHARITIES INC. - 795 GATEWOOD ROAD NE - ATLANTA, GA 30329-4200	**-***5754	501 (C) (3)	10,000.	0.			GENERAL DONATION
ATLANTA SPEECH SCHOOL INC. 3160 NORTHSIDE PARKWAY NW ATLANTA, GA 30327-1555	**-***6198	501 (C) (3)	7,000.	0.			MULTIPLE SUPPORT
ATLANTA YOUTH ACADEMIES FOUNDATION INC. - PO BOX 18237 - ATLANTA, GA 30316-0237	**-***4519	501 (C) (3)	64,600.	0.			MULTIPLE SUPPORT
AUBURN UNIVERSITY 108 MARY MARTIN HALL AUBURN, AL 36849	**-***0724	501 (C) (3)	18,611.	0.			MULTIPLE SUPPORT
AUBURN UNIVERSITY FOUNDATION 315 ROOSEVELT CONCOURSE AUBURN, AL 36849	**-***2422	501 (C) (3)	14,500.	0.			MULTIPLE SUPPORT
BEGIN AGAIN FARMS INC. PO BOX 242 HAMILTON, GA 31811-0242	**-***0261	501 (C) (3)	14,250.	0.			MULTIPLE SUPPORT
BILLY GRAHAM EVANGELISTIC ASSOCIATION - 1 BILLY GRAHAM PARKWAY - CHARLOTTE, NC 28201	**-***8350	501 (C) (3)	8,000,000.	0.			MULTIPLE SUPPORT
BOLLES SCHOOL 7400 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217	**-***7814	501 (C) (3)	20,000.	0.			MULTIPLE SUPPORT
BOY SCOUTS OF AMERICA, CHATTAHOOCHEE COUNCIL - 1237 1ST AVENUE - COLUMBUS, GA 31901-5283	**-***1576	501 (C) (3)	37,525.	0.			MULTIPLE SUPPORT

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

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BOYS AND GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY INC. - 1700 BUENA VISTA ROAD - COLUMBUS, GA 31906-3003	**-***4393	501 (C) (3)	52,000.	0.			MULTIPLE SUPPORT
BROOKSTONE SCHOOL INC. 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904-2901	**-***3670	501 (C) (3)	101,000.	0.			MULTIPLE SUPPORT
BROWN BAG OF COLUMBUS INC. PO BOX 4828 COLUMBUS, GA 31914	**-***3813	501 (C) (3)	7,000.	0.			GENERAL DONATION
CAMP TWIN LAKES INC. 1100 SPRING STREET NW ATLANTA, GA 30309	**-***6782	501 (C) (3)	15,000.	0.			GENERAL DONATION
CAPE ANN MUSEUM INC. 27 PLEASANT STREET GLOUCESTER, MA 01930	**-***3545	501 (C) (3)	25,000.	0.			GENERAL DONATION
CHARLOTTE BILINGUAL PRESCHOOL INC. 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	**-***2499	501 (C) (3)	10,000.	0.			FACULTY SUPPORT
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531-3084	**-***5878	501 (C) (3)	10,000.	0.			ANNUAL FUND
CHATTAHOOCHEE RIVERKEEPER INC. 6020 RIVER VIEW ROAD SE SMYRNA, GA 30126	**-***5413	501 (C) (3)	22,000.	0.			MULTIPLE SUPPORT
CHATTAHOOCHEE RIVERWARDEN PO BOX 985 COLUMBUS, GA 31902-0985	**-***9716	501 (C) (3)	22,850.	0.			MULTIPLE SUPPORT

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CHATTAHOOCHEE VALLEY JAIL MINISTRY INC. DBA SAFEHOUSE MINISTRIES - 2101 HAMILTON ROAD - COLUMBUS, GA 31904	**-***3737	501 (C) (3)	38,000.	0.			MULTIPLE SUPPORT
CHILDREN'S HARBOR INC. 434 CHILDRENS HARBOR DRIVE ECLECTIC, AL 36024	**-***2070	501 (C) (3)	15,000.	0.			GENERAL DONATION
CHILDREN'S HEALTHCARE OF ATLANTA INC. - 1575 NORTHEAST EXPRESSWAY NE - ATLANTA, GA 30329	**-***0601	501 (C) (3)	125,869.	0.			MULTIPLE SUPPORT
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DRIVE GREENVILLE, SC 29607	**-***2062	501 (C) (3)	10,000.	0.			MULTIPLE SUPPORT
CHURCH OF THE HIGHLANDS INC. 3660 GRANDVIEW PARKWAY BIRMINGHAM, AL 35243-3339	**-***8442	501 (C) (3)	30,000.	0.			MULTIPLE SUPPORT
CLEMENT ARTS PO BOX 1142 FORTSON, GA 31808	**-***9820	501 (C) (3)	30,000.	0.			MULTIPLE SUPPORT
COLUMBUS ALLIANCE FOR BATTERED WOMEN INC. DBA HOPE HARBOUR - PO BOX 4182 - COLUMBUS, GA 31914-0182	**-***9257	501 (C) (3)	17,000.	0.			MULTIPLE SUPPORT
COLUMBUS ALLIANCE FOR REGIONAL INVESTMENT INC. - PO BOX 1200 - COLUMBUS, GA 31902	**-***6611	501 (C) (3)	11,838.	0.			MULTIPLE SUPPORT
COLUMBUS BALLET INC. PO BOX 9563 COLUMBUS, GA 31908	**-***7969	501 (C) (3)	19,608.	0.			MULTIPLE SUPPORT

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COLUMBUS GA PICKLEBALL ASSOC INC. PO BOX 484 COLUMBUS, GA 31902	**-***3371	501 (C) (3)	475,000.	0.			GENERAL DONATION
COLUMBUS HOSPICE INC. 7020 MOON ROAD COLUMBUS, GA 31909-4900	**-***5395	501 (C) (3)	48,000.	0.			MULTIPLE SUPPORT
COLUMBUS HOUSING INITIATIVE INC. PO BOX 1620 COLUMBUS, GA 31902	**-***8678	501 (C) (3)	8,000.	0.			GENERAL DONATION
COLUMBUS PHILHARMONIC GUILD INC. DBA COLUMBUS SYMPHONY ORCHESTRA - PO BOX 1499 - COLUMBUS, GA 31902-1499	**-***6789	501 (C) (3)	78,164.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL MEDICAL FOUNDATION INC. - 707 CENTER STREET - COLUMBUS, GA 31901-1575	**-***1642	501 (C) (3)	332,083.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL TENNIS ASSOCIATION, INC. - PO BOX 8236 - COLUMBUS, GA 31908-8236	**-***3414	501 (C) (3)	10,100.	0.			MULTIPLE SUPPORT
COLUMBUS SCHOLARS INC. 1014 GRAMERCY DRIVE MIDLAND, GA 31820-3470	**-***9094	501 (C) (3)	41,936.	0.			MULTIPLE SUPPORT
COLUMBUS STATE UNIVERSITY 4225 UNIVERSITY AVENUE COLUMBUS, GA 31907	**-***1208	501 (C) (3)	12,500.	0.			MULTIPLE SUPPORT
COLUMBUS STATE UNIVERSITY FOUNDATION INC. - 4225 UNIVERSITY AVE - COLUMBUS, GA 31907-5645	**-***3198	501 (C) (3)	458,285.	0.			MULTIPLE SUPPORT

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COLUMBUS TECHNICAL INSTITUTE FOUNDATION INC. - 928 MANCHESTER EXPRESSWAY - COLUMBUS, GA 31904-6572	**-***3978	501 (C) (3)	134,750.	0.			MULTIPLE SUPPORT
COMMUNITIES OF COASTAL GEORGIA FOUNDATION - PO BOX 2463 - BRUNSWICK, GA 31521	**-***4729	501 (C) (3)	16,533.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION FOR NORTHEAST FLORIDA INC. - 245 RIVERSIDE AVE - JACKSONVILLE, FL 32202	**-***0746	501 (C) (3)	319,415.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - 2100 FIRST AVE N - BIRMINGHAM, AL 35203	**-***9631	501 (C) (3)	80,000.	0.			MULTIPLE SUPPORT
COMMUNITY FOUNDATION OF TAMPA BAY INC. - 4300 W. CYPRESS STREET - TAMPA, FL 33607	**-***1853	501 (C) (3)	38,282.	0.			MULTIPLE SUPPORT
COVENANT HOUSE GEORGIA INC. PO BOX 94465 ATLANTA, GA 30377	**-***3561	501 (C) (3)	20,000.	0.			ANNUAL FUND
COWETA FALLS STEEPLECHASE INC. PO BOX 1360 COLUMBUS, GA 31902-1360	**-***0923	501 (C) (3)	51,000.	0.			MULTIPLE SUPPORT
CROSSWATER COMMUNITY CHURCH 211 DAVIS PARK ROAD PONTE VEDRA, FL 32081-0543	**-***5781	501 (C) (3)	10,000.	0.			GENERAL DONATION
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK NE ATLANTA, GA 30329-2288	**-***0701	501 (C) (3)	6,542.	0.			MULTIPLE SUPPORT

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DAUGHTERS AGAINST ALZHEIMERS, INC. 3215 WOOD VALLEY ROAD ATLANTA, GA 30327	**-***4206	501 (C) (3)	10,000.	0.			GOIZUETA ALZHEIMERS DISEASE RESEARCH CENTER
DAVIDSON COLLEGE PO BOX 5000 DAVIDSON, NC 28035-7170	**-***9961	501 (C) (3)	15,000.	0.			MULTIPLE SUPPORT
DO GOOD FUND INC. PO BOX 1199 COLUMBUS, GA 31902-1199	**-***6209	501 (C) (3)	136,000.	0.			GENERAL DONATION
DOLLYWOOD FOUNDATION 111 E. MAIN STREET SEVIERVILLE, TN 37862	**-***8105	501 (C) (3)	76,208.	0.			MULTIPLE SUPPORT
DONOR ADVISED CHARITABLE GIVING PO BOX 2430 OMAHA, NE 68103-0020	**-***0316	501 (C) (3)	31,750.	0.			MULTIPLE SUPPORT
DR. PHILLIPS CENTER FOR THE PERFORMING ARTS INC. - 155 EAST ANDERSON STREET - ORLANDO, FL 32801	**-***5917	501 (C) (3)	20,000.	0.			ARTS OF EVERY LIFE CAMPAIGN
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120-2350	**-***3799	501 (C) (3)	11,850.	0.			MULTIPLE SUPPORT
DUKE UNIVERSITY BOX 90581 DURHAM, NC 27708-0581	**-***2129	501 (C) (3)	9,288.	0.			MULTIPLE SUPPORT
EASTER SEALS WEST GEORGIA INC. PO BOX 1690 FORTSON, GA 31808	**-***9206	501 (C) (3)	9,850.	0.			MULTIPLE SUPPORT

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ELAINE CLARK CENTER FOR THE GROWTH & DEVELOPMENT OF EXCEPTIONAL CHILDREN IN - 5130 PEACHTREE BOULEVARD - CHAMBLEE, GA	**-***9411	501 (C) (3)	10,000.	0.			THE FRANK CLARK MEMORIAL SCHOLARSHIP FUND
EMORY UNIVERSITY 1762 CLIFTON ROAD ATLANTA, GA 30322	**-***6256	501 (C) (3)	64,750.	0.			MULTIPLE SUPPORT
ENOCH MINISTRIES INC. 1055 BUTTS MILL ROAD PINE MOUNTAIN, GA 31822	**-***9116	501 (C) (3)	10,000.	0.			COUNSELING MINISTRY
EPWORTH BY THE SEA INC. PO BOX 20407 ST. SIMONS ISLAND, GA 31522-0007	**-***0633	501 (C) (3)	52,000.	0.			MULTIPLE SUPPORT
EXCEPTIONAL WAY INC. PO BOX 3592 LAGRANGE, GA 30241	**-***2477	501 (C) (3)	5,500.	0.			GENERAL DONATION
FABARTS INC. 214 A 10TH STREET COLUMBUS, GA 31901	**-***0344	501 (C) (3)	16,500.	0.			MULTIPLE SUPPORT
FAMILIES FIRST INC. 80 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30314-3421	**-***4331	501 (C) (3)	10,000.	0.			ANNUAL GIFT
FEEDING THE VALLEY INC. PO BOX 8904 COLUMBUS, GA 31908	**-***8131	501 (C) (3)	41,000.	0.			MULTIPLE SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 8361 COLUMBUS, GA 31908	**-***0626	501 (C) (3)	15,350.	0.			MULTIPLE SUPPORT

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FIRST BAPTIST CHURCH MANCHESTER P.O. 528 MANCHESTER, GA 31816	**-***5994	501 (C) (3)	300,000.	0.			MULTIPLE SUPPORT
FIRST BAPTIST CHURCH OF COLUMBUS, GA - PO BOX 828 - COLUMBUS, GA 31902-0828	**-***9986	501 (C) (3)	30,600.	0.			MULTIPLE SUPPORT
FIRST PRESBYTERIAN CHURCH 1100 FIRST AVENUE COLUMBUS, GA 31901	**-***5891	501 (C) (3)	40,000.	0.			MULTIPLE SUPPORT
FOLDS OF HONOR FOUNDATION DEPARTMENT #13 TULSA, OK 74182	**-***0683	501 (C) (3)	15,000.	0.			GENERAL DONATION
FORT VALLEY STATE UNIVERSITY 2ND FLOOR TROUP ADMINISTRATION BUIL FORT VALLEY, GA 31030	**-***2062	501 (C) (3)	8,656.	0.			MULTIPLE SUPPORT
FOUNDATION OF WESLEY WOODS INC. 1817 CLIFTON ROAD NE, 2ND FLOOR ATLANTA, GA 30329	**-***3164	501 (C) (3)	11,000.	0.			MULTIPLE SUPPORT
FRED HASKINS COMMISSION INC. 2610 CHEROKEE AVENUE COLUMBUS, GA 31906	**-***2950	501 (C) (3)	26,050.	0.			GENERAL DONATION
GEORGE WEST MENTAL HEALTH FOUNDATION INC. - 1961 N. DRUID HILLS ROAD - BROOKHAVEN, GA 30329-1807	**-***9941	501 (C) (3)	6,000.	0.			MULTIPLE SUPPORT
GEORGIA COLLEGE & STATE UNIVERSITY 107 PARKS HALL, CAMPUS BOX 30 MILLEDGEVILLE, GA 31061-0490	**-***2064	501 (C) (3)	12,696.	0.			MULTIPLE SUPPORT

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GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE ATLANTA, GA 30332	**-***2023	501 (C) (3)	11,348.	0.			MULTIPLE SUPPORT
GEORGIA RESEARCH ALLIANCE, INC. 270 PEACHTREE STREET NW ATLANTA, GA 30303	**-***1815	501 (C) (3)	15,000.	0.			ANNUAL FUND
GEORGIA SOUTHERN UNIVERSITY P.O. BOX 8065 STATESBORO, GA 30460-8065	**-***2059	501 (C) (3)	8,250.	0.			MULTIPLE SUPPORT
GEORGIA STATE UNIVERSITY PO BOX 5099 ATLANTA, GA 30302	**-***2050	501 (C) (3)	7,500.	0.			MULTIPLE SUPPORT
GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA, GA 30332	**-***2514	501 (C) (3)	6,000.	0.			MULTIPLE SUPPORT
GEORGIA-ALABAMA LAND TRUST INC. 226 OLD LADIGA ROAD PIEDMONT, AL 36272-1467	**-***9352	501 (C) (3)	6,000.	0.			GENERAL DONATION
GIRL SCOUTS OF HISTORIC GEORGIA INC. - 6869 COLUMBUS ROAD - LIZELLA, GA 31052	**-***6191	501 (C) (3)	5,147.	0.			MULTIPLE SUPPORT
GIRLS INCORPORATED OF COLUMBUS AND PHENIX-RUSSELL - PO BOX 3096 - COLUMBUS, GA 31903-0096	**-***1441	501 (C) (3)	22,500.	0.			MULTIPLE SUPPORT
GLOBAL EFFECT MINISTRY INC. PO BOX 611635 ROSEMARY BEACH, FL 32461-1005	**-***5968	501 (C) (3)	21,000.	0.			MULTIPLE SUPPORT

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GLOBAL TEEN CHALLENGE INC. PO BOX 511 COLUMBUS, GA 31902-0511	**-***2759	501 (C) (3)	36,000.	0.			MULTIPLE SUPPORT
GRACE PRESBYTERIAN CHURCH OF COLUMBUS INC. - PO BOX 4747 - COLUMBUS, GA 31914-0747	**-***9321	501 (C) (3)	51,500.	0.			MULTIPLE SUPPORT
GSGA FOUNDATION INC. 2205 NORTHSIDE DRIVE NW ATLANTA, GA 30305	**-***4105	501 (C) (3)	7,500.	0.			MULTIPLE SUPPORT
HARMONY HOUSE DOMESTIC VIOLENCE SHELTER INC. - PO BOX 2925 - LAGRANGE, GA 30240-0600	**-***4900	501 (C) (3)	14,260.	0.			MULTIPLE SUPPORT
HAYGOOD MEMORIAL UNITED METHODIST CHURCH - 1015 EAST ROCK SPRINGS ROAD NE - ATLANTA, GA 30306	**-***6195	501 (C) (3)	10,000.	0.			BUDGET FUND
HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVENUE SOUTH, STE 132B MINNEAPOLIS, MN 55407	**-***9386	501 (C) (3)	16,533.	0.			MULTIPLE SUPPORT
HEART FOR AFRICA INC. PO BOX 1308 ROSWELL, GA 30077-1308	**-***9500	501 (C) (3)	8,000.	0.			GENERAL DONATION
HISTORIC COLONY HOUSE 2300 N SCENIC HIGHWAY LAKE WALES, FL 33898	**-***1387	501 (C) (3)	11,000.	0.			MULTIPLE SUPPORT
HISTORIC COLUMBUS FOUNDATION INC. PO BOX 5312 COLUMBUS, GA 31906-0312	**-***1916	501 (C) (3)	251,500.	0.			MULTIPLE SUPPORT

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HOUSE OF HEROES, CHATTAHOOCHEE VALLEY CHAPTER INC. - 1225 WEBSTER AVENUE - COLUMBUS, GA 31901-2605	**-***7613	501 (C) (3)	24,500.	0.			MULTIPLE SUPPORT
HUCKABAY INDEPENDENT SCHOOL DISTRICT - 200 COUNTY ROAD 421 - STEPHENVILLE, TX 76401	**-***2811	501 (C) (3)	5,044.	0.			BOOKS AND INSTRUCTIONAL MATERIALS
HUMANE SOCIETY OF HARRIS COUNTY INC. - 3938 BARNES MILL ROAD - HAMILTON, GA 31811-5439	**-***0386	501 (C) (3)	18,000.	0.			MULTIPLE SUPPORT
HUMANE SOCIETY OF SOUTH COASTAL GEORGIA, INC. - 4627 US HIGHWAY 17 NORTH - BRUNSWICK, GA 31525-5011	**-***3265	501 (C) (3)	10,000.	0.			GENERAL DONATION
INTERNATIONAL FRIENDSHIP MINISTRIES INC. - 2308 HILTON AVENUE - COLUMBUS, GA 31906	**-***5017	501 (C) (3)	9,000.	0.			MULTIPLE SUPPORT
INTERNATIONAL LEAGUE OF CONSERVATION PHOTOGRAPHERS - 4600 NORTH FAIRFAX DRIVE - ARLINGTON, VA 22203	**-***5999	501 (C) (3)	50,000.	0.			HER WILD LIFE FILM PROJECT
KENNESAW STATE UNIVERSITY 585 COBB AVENUE NW KENNESAW, GA 30144	**-***5786	501 (C) (3)	17,131.	0.			MULTIPLE SUPPORT
KINGSWOOD CHURCH 4896 NORTH PEACHTREE ROAD DUNWOODY, GA 30338	**-***4613	501 (C) (3)	11,250.	0.			OPERATING BUDGET
LAGRANGE ART MUSEUM INC. 112 LAFAYETTE PKWY LAGRANGE, GA 30240-3209	**-***5805	501 (C) (3)	24,200.	0.			MULTIPLE SUPPORT

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LAGRANGE COLLEGE 601 BROAD STREET LAGRANGE, GA 30240-2955	**-***6199	501 (C) (3)	7,000.	0.			MULTIPLE SUPPORT
LAGRANGE SYMPHONY ORCHESTRA INC. PO BOX 2321 LAGRANGE, GA 30241	**-***2569	501 (C) (3)	20,000.	0.			EDUCATIONAL CONCERTS
LINLY HEFLIN UNIT 13 OFFICE PARK CIRCLE MOUNTAIN BROOK, AL 35223	**-***7968	501 (C) (3)	15,000.	0.			GENERAL DONATION
MAKE-A-WISH FOUNDATION OF GEORGIA INC. - 1775 THE EXCHANGE SE - ATLANTA, GA 30339-2016	**-***6828	501 (C) (3)	18,000.	0.			MULTIPLE SUPPORT
MERCYMED OF COLUMBUS 3702 2ND AVENUE COLUMBUS, GA 31904-7408	**-***1913	501 (C) (3)	108,000.	0.			MULTIPLE SUPPORT
METHODIST HOME OF THE SOUTH GEORGIA CONFERENCE - PO BOX 2525 - MACON, GA 31203-2525	**-***2971	501 (C) (3)	18,500.	0.			MULTIPLE SUPPORT
MICAH'S PROMISE INC. 3707 2ND AVE COLUMBUS, GA 31904	**-***2349	501 (C) (3)	106,850.	0.			MULTIPLE SUPPORT
MIDTOWN FELLOWSHIP 1819 TAYLOR STREET COLUMBIA, SC 29201-3541	**-***0969	501 (C) (3)	20,000.	0.			MULTIPLE SUPPORT
MIDTOWN INC. 1327 WYNNTON ROAD COLUMBUS, GA 31906	**-***3174	501 (C) (3)	76,500.	0.			MULTIPLE SUPPORT

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MT. PLEASANT MISSIONARY BAPTIST CHURCH - PO BOX 99 - WOODBURY, GA 30293	**-***3330	501 (C) (3)	11,080.	0.			PURCHASE AND INSTALLATION OF CHIMES
MUSCOGEE COUNTY SCHOOL DISTRICT 3000 MACON ROAD COLUMBUS, GA 31906	**-***0143	501 (C) (3)	1,602,980.	0.			MULTIPLE SUPPORT
MUSCOGEE EDUCATIONAL EXCELLENCE FOUNDATION INC. - 214 10TH STREET - COLUMBUS, GA 31901-2719	**-***6445	501 (C) (3)	13,500.	0.			MULTIPLE SUPPORT
NAOMI'S VILLAGE INC. 6841 VIRGINIA PARKWAY MCKINNEY, TX 75071	**-***2323	501 (C) (3)	29,000.	0.			MULTIPLE SUPPORT
NATIONAL INFANTRY MUSEUM FOUNDATION INC. - 1775 LEGACY WAY - COLUMBUS, GA 31903-3674	**-***2819	501 (C) (3)	91,886.	0.			MULTIPLE SUPPORT
NATIONAL MONUMENTS FOUNDATION, INC. - 395 17TH STREET NW - ATLANTA, GA 30363	**-***5763	501 (C) (3)	20,000.	0.			GENERAL DONATION
NEMA FOUNDATION INC DBA PROVISIONBRIDGE - 1859 NORTHGATE BOULEVARD - SARASOTA, FL 34234	**-***7830	501 (C) (3)	8,000,000.	0.			SHEPHERD'S FUND
NORTH STAR FUND INC. 520 EIGHTH AVENUE NEW YORK, NY 10018-4170	**-***0801	501 (C) (3)	16,533.	0.			MULTIPLE SUPPORT
NORWICH UNIVERSITY 158 HARMON DRIVE NORTHFIELD, VT 05663	**-***9424	501 (C) (3)	6,000.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR COMMUNITY HOUSE INC. 2405 2ND AVENUE COLUMBUS, GA 31901-1023	**-***1980	501 (C) (3)	297,600.	0.			MULTIPLE SUPPORT
PASTORAL INSTITUTE INC. 2022 FIFTEENTH AVE COLUMBUS, GA 31901-1608	**-***7764	501 (C) (3)	66,750.	0.			MULTIPLE SUPPORT
PATH FOUNDATION INC. 1601 WEST PEACHTREE STREET ATLANTA, GA, GA 30309	**-***9696	501 (C) (3)	36,845.	0.			MULTIPLE SUPPORT
PAWS HUMANE INC. 4900 MILGEN RD COLUMBUS, GA 31907-1345	**-***3501	501 (C) (3)	21,000.	0.			MULTIPLE SUPPORT
PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL ROAD NW ATLANTA, GA 30305	**-***6210	501 (C) (3)	76,500.	0.			MULTIPLE SUPPORT
PHILANTHROPY SOUTHEAST 100 PEACHTREE STREET, NW ATLANTA, GA 30303	**-***5114	501 (C) (3)	6,250.	0.			MULTIPLE SUPPORT
PIERCE CHAPEL METHODIST CHURCH 5122 PIERCE CHAPEL ROAD MIDLAND, GA 31820	**-***7693	501 (C) (3)	12,000.	0.			PRESCHOOL PLAYGROUND MULCH
POINT UNIVERSITY INC. 507 W. 10TH STREET WEST POINT, GA 31833	**-***4761	501 (C) (3)	10,846.	0.			GENERAL DONATION
PORT COLUMBUS CIVIL WAR NAVAL CENTER INC. - 1002 VICTORY DRIVE - COLUMBUS, GA 31901-1022	**-***7274	501 (C) (3)	8,000.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED MOUNTAIN THEATRE COMPANY INC. 3028 7TH AVENUE SOUTH BIRMINGHAM, AL 35233	**-***4417	501 (C) (3)	35,000.	0.			MULTIPLE SUPPORT
REROUTING INC. PO BOX 5013 COLUMBUS, GA 31906	**-***1866	501 (C) (3)	10,500.	0.			MULTIPLE SUPPORT
RESTORATION ATL MISSION INC. 2836 SPRINGDALE ROAD SW ATLANTA, GA 30315	**-***2756	501 (C) (3)	10,000.	0.			GENERAL DONATION
RIGHT FROM THE START PO BOX 550 COLUMBUS, GA 31902	**-***5687	501 (C) (3)	24,350.	0.			MULTIPLE SUPPORT
RIVERCENTER INC. PO BOX 2425 COLUMBUS, GA 31902-2425	**-***5233	501 (C) (3)	209,511.	0.			MULTIPLE SUPPORT
RIVERDALE-PORTERDALE CEMETERY FOUNDATION, INC. - P.O. BOX 5128 - COLUMBUS, GA 31906	**-***3313	501 (C) (3)	6,750.	0.			MULTIPLE SUPPORT
ROAD SAFE AMERICA INC. PO BOX 460278 FORT LAUDERDALE, FL 33346-0278	**-***6556	501 (C) (3)	5,500.	0.			ANNUAL DONATION
RONALD MCDONALD HOUSE CHARITIES OF WEST GEORGIA INC. - 1959 HAMILTON ROAD - COLUMBUS, GA 31904-8924	**-***5776	501 (C) (3)	8,500.	0.			GENERAL DONATION
SAFEHOUSE OUTREACH INC. PO BOX 54098 ATLANTA, GA 30308	**-***0936	501 (C) (3)	10,000.	0.			GENERAL DONATION FOR ATLANTA

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	**-***7002	501 (C) (3)	1,100,500.	0.			MULTIPLE SUPPORT
SHEPHERD CENTER FOUNDATION INC. 2020 PEACHTREE ROAD NW ATLANTA, GA 30309	**-***8224	501 (C) (3)	6,500.	0.			MULTIPLE SUPPORT
SMILE TRAIN INC. 633 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017-6796	**-***1416	501 (C) (3)	10,000.	0.			ANNUAL GIFT
SPRINGER OPERA HOUSE ARTS ASSOCIATION INC. - 103 10TH STREET - COLUMBUS, GA 31901-2741	**-***5084	501 (C) (3)	474,483.	0.			MULTIPLE SUPPORT
ST. DAVID'S 5150 MACOMB STREET NW WASHINGTON, DC 20016-2612	**-***5763	501 (C) (3)	7,500.	0.			GENERAL DONATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**-***6012	501 (C) (3)	28,000.	0.			MULTIPLE SUPPORT
ST. LUKE CHURCH OF COLUMBUS INC. DBA ST. LUKE CHURCH - PO BOX 867 - COLUMBUS, GA 31902	**-***3388	501 (C) (3)	419,600.	0.			MULTIPLE SUPPORT
ST. LUKE UNITED METHODIST CHURCH PO BOX 867 COLUMBUS, GA 31902	**-***0861	501 (C) (3)	36,800.	0.			MULTIPLE SUPPORT
ST. PAUL UNITED METHODIST CHURCH 2101 WILDWOOD AVENUE COLUMBUS, GA 31906	**-***9812	501 (C) (3)	142,300.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. THOMAS EPISCOPAL CHURCH 2100 HILTON AVENUE COLUMBUS, GA 31906-1500	**-***7470	501 (C) (3)	2,668,880.	0.			MULTIPLE SUPPORT
STANDING BOY INC. PO BOX 892 COLUMBUS, GA 31902	**-***0668	501 (C) (3)	55,500.	0.			MULTIPLE SUPPORT
STARTUP COLUMBUS INC. 4225 UNIVERSITY AVENUE COLUMBUS, GA 31907	**-***2524	501 (C) (3)	256,500.	0.			MULTIPLE SUPPORT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	**-***4654	501 (C) (3)	10,500.	0.			GENERAL DONATION
STEWART COMMUNITY HOME INC. PO BOX 4279 COLUMBUS, GA 31914-0279	**-***7158	501 (C) (3)	47,500.	0.			MULTIPLE SUPPORT
STIFEL CHARITABLE INC. ONE FINANCIAL PLAZA ST LOUIS, MO 63102	**-***9692	501 (C) (3)	1,876,439.	0.			MULTIPLE SUPPORT
TAKE THE CITY INC. 2910 2ND AVENUE COLUMBUS, GA 31904-8199	**-***3928	501 (C) (3)	22,500.	0.			MULTIPLE SUPPORT
TEEN CHALLENGE OF FLORIDA, INC. 15 W 10TH STREET COLUMBUS, GA 31901-2744	**-***9228	501 (C) (3)	15,000.	0.			GENERAL DONATION
TEMPLE ISRAEL INC. PO BOX 5086 COLUMBUS, GA 31906-0086	**-***4115	501 (C) (3)	7,045.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TETON RAPTOR CENTER PO BOX 1805 WILSON, WY 83014	**-***8068	501 (C) (3)	10,000.	0.			GENERAL DONATION
THE 1909 PRESERVATION SOCIETY INC. 2610 CHEROKEE AVENUE COLUMBUS, GA 31906	**-***0395	501 (C) (3)	15,500.	0.			MULTIPLE SUPPORT
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	**-***0493	501 (C) (3)	5,500.	0.			CHAPEL STAINED GLASS WINDOW RESTORATION
THE COLUMBUS BOTANICAL GARDENS INC. - 3603 WEEMS ROAD - COLUMBUS, GA 31909-3701	**-***7596	501 (C) (3)	82,150.	0.			MULTIPLE SUPPORT
THE COLUMBUS MUSEUM INC. 1251 WYNNTON ROAD COLUMBUS, GA 31906-2810	**-***2894	501 (C) (3)	267,012.	0.			MULTIPLE SUPPORT
THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA - 4 VANDERBILT PARK DRIVE - ASHEVILLE, NC 28803	**-***3384	501 (C) (3)	10,000.	0.			MULTIPLE SUPPORT
THE CORPORATION OF MERCER UNIVERSITY - 1501 MERCER UNIVERSITY DR - MACON, GA 31207-1515	**-***6167	501 (C) (3)	263,000.	0.			MULTIPLE SUPPORT
THE EPISCOPAL CHURCH OF THE INCARNATION - P.O. BOX 729 - HIGHLANDS, NC 28741	**-***1464	501 (C) (3)	10,000.	0.			GENERAL DONATION
THE HISTORIC LINWOOD FOUNDATION INC. - PO BOX 1057 - COLUMBUS, GA 31902-1057	**-***5736	501 (C) (3)	23,500.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HUGHSTON FOUNDATION INC. PO BOX 9517 COLUMBUS, GA 31908-9517	**-***4127	501 (C) (3)	525,000.	0.			MULTIPLE SUPPORT
THE LAFAYETTE SOCIETY FOR PERFORMING ARTS INC. - 214 BULL STREET - LAGRANGE, GA 30240	**-***5019	501 (C) (3)	6,000.	0.			STORYTELLING FESTIVAL
THE MILL DISTRICT INC. 3707 2ND AVENUE COLUMBUS, GA 31904	**-***3581	501 (C) (3)	5,500.	0.			MULTIPLE SUPPORT
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	**-***4433	501 (C) (3)	6,281.	0.			GENERAL DONATION
THE RIDGE CHURCH 3021 WILLIAMS ROAD COLUMBUS, GA 31901	**-***4303	501 (C) (3)	11,000.	0.			GENERAL DONATION
THE ROCK ACADEMY INC. 4 CRAWFORD CHURCH ROAD PHENIX CITY, AL 36870	**-***4195	501 (C) (3)	150,000.	0.			MULTIPLE SUPPORT
THE SALVATION ARMY PO BOX 9143 COLUMBUS, GA 31908	**-***0607	501 (C) (3)	76,750.	0.			MULTIPLE SUPPORT
THE SOCIETY FOR THE PRESERVATION OF GREEK HOUSING - P.O. BOX 2765 - CHAMPAIGN, IL 61825-2765	**-***4139	501 (C) (3)	75,000.	0.			MULTIPLE SUPPORT
THE WYNN HOUSE INC. 1240 WYNNTON ROAD COLUMBUS, GA 31906-2812	**-***3391	501 (C) (3)	9,991.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOP SHOTS YOUTH SHOOTERS INC 5250 PORTER ROAD EXT ST AUGUSTINE, FL 32095	**-***8493	501 (C) (3)	7,500.	0.			GENERAL DONATION
TRANSFORMATIONS BY AUSTIN ANGELS CLEVELAND - 25935 DETROIT ROAD - CLEVELAND, OH 44145	**-***8090	501 (C) (3)	10,000.	0.			MULTIPLE SUPPORT
TREES COLUMBUS INC. PO BOX 1531 COLUMBUS, GA 31902-1531	**-***9040	501 (C) (3)	49,500.	0.			MULTIPLE SUPPORT
TRINITY EPISCOPAL CHURCH 1130 1ST AVENUE COLUMBUS, GA 31901	**-***0868	501 (C) (3)	103,000.	0.			MULTIPLE SUPPORT
TRINITY PRESBYTERIAN CHURCH 3003 HOWELL MILL ROAD NW ATLANTA, GA 30327	**-***7087	501 (C) (3)	10,000.	0.			GENERAL DONATION
TRINITY SCHOOL INC. 4301 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327-3014	**-***7585	501 (C) (3)	34,500.	0.			MULTIPLE SUPPORT
TROUP COUNTY SCHOOL SYSTEM 100 NORTH DAVIS ROAD LAGRANGE, GA 30241	**-***0333	501 (C) (3)	17,000.	0.			MULTIPLE SUPPORT
TRUTH SPRING INCORPORATED 3314 5TH AVENUE COLUMBUS, GA 31904-7516	**-***3712	501 (C) (3)	178,801.	0.			MULTIPLE SUPPORT
TURKEYS FOR TOMORROW P.O. BOX 3810 AUBURN, AL 36831-3810	**-***8057	501 (C) (3)	10,000.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CEDARS YOUTH AND FAMILY SERVICES INC. - PO BOX 1526 - LAGRANGE, GA 30241-0032	**-***3499	501 (C) (3)	8,500.	0.			MULTIPLE SUPPORT
UGROW INC. DBA THE FOOD MILL PO BOX 65 COLUMBUS, GA 31902	**-***5530	501 (C) (3)	50,896.	0.			MULTIPLE SUPPORT
UNITED METHODIST HIGHER EDUCATION FOUNDATION - 1001 19TH AVENUE SOUTH - NASHVILLE, TN 37203-0005	**-***7869	501 (C) (3)	10,000.	0.			GENERAL DONATION
UNITED WAY OF THE CHATTAHOOCHEE VALLEY INC. - PO BOX 1157 - COLUMBUS, GA 31902-1157	**-***2434	501 (C) (3)	1,338,290.	0.			MULTIPLE SUPPORT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1400 UNIVERSITY BOULEVARD - BIRMINGHAM, AL 35294	**-***5396	501 (C) (3)	6,283.	0.			MULTIPLE SUPPORT
UNIVERSITY OF GEORGIA 104 CALDWELL HALL ATHENS, GA 30602	**-***1978	501 (C) (3)	44,473.	0.			MULTIPLE SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE ATHENS, GA 30601	**-***3837	501 (C) (3)	177,500.	0.			MULTIPLE SUPPORT
UNIVERSITY OF RICHMOND 110 UR DRIVE RICHMOND, VA 23173-0008	**-***5965	501 (C) (3)	15,000.	0.			MULTIPLE SUPPORT
UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM STREET SUITE 128 COLUMBIA, SC 29208	**-***1153	501 (C) (3)	6,581.	0.			MULTIPLE SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPTOWN COLUMBUS INC. PO BOX 1237 COLUMBUS, GA 31901	**-***1594	501 (C) (3)	12,500.	0.			MULTIPLE SUPPORT
VALDOSTA STATE UNIVERSITY 1500 N. PATTERSON STREET VALDOSTA, GA 31698	**-***2072	501 (C) (3)	5,516.	0.			MULTIPLE SUPPORT
VALLEY RESCUE MISSION INC. 2903 2ND AVENUE COLUMBUS, GA 31904	**-***8148	501 (C) (3)	30,999.	0.			MULTIPLE SUPPORT
WAKE FOR WARRIORS INC. 727 LEE ROAD 339 SALEM, AL 36874	**-***5668	501 (C) (3)	6,000.	0.			MULTIPLE SUPPORT
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTON-SALEM, NC 27106	**-***2138	501 (C) (3)	11,000.	0.			MULTIPLE SUPPORT
WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON STREET LEXINGTON, VA 24450	**-***5977	501 (C) (3)	22,500.	0.			MULTIPLE SUPPORT
WAVERLY HALL UNITED METHODIST CHURCH - PO BOX 9 - WAVERLY HALL, GA 31831	**-***5853	501 (C) (3)	42,250.	0.			MULTIPLE SUPPORT
WESLEY GLEN MINISTRIES INC. 4580 N MUMFORD ROAD MACON, GA 31210	**-***0262	501 (C) (3)	30,000.	0.			ANNUAL FUND
WESLEY METHODIST CHURCH PO BOX 2170 LAGRANGE, GA 30241	**-***5967	501 (C) (3)	37,788.	0.			GENERAL DONATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210-4407	**-***3438	501 (C) (3)	60,000.	0.			GENERAL DONATION
WEST GEORGIA CHRISTIAN RETREAT CENTER, INC. - 2821 HARLEY CT. - COLUMBUS, GA 31909	**-***2607	501 (C) (3)	10,000.	0.			GENERAL DONATION
WOMENS IMPACT FUND PO BOX 30864 CHARLOTTE, NC 28230	**-***3584	501 (C) (3)	20,000.	0.			GENERAL DONATION
WOUNDED WARRIOR PROJECT INC. PO BOX 758516 TOPEKA, KS 66675-8516	**-***0934	501 (C) (3)	10,500.	0.			MULTIPLE SUPPORT
YOUNG LIFE 2750 SOWEGA DRIVE COLUMBUS, GA 31909	**-***5934	501 (C) (3)	120,500.	0.			MULTIPLE SUPPORT
MUSCOGEE COUNTY LIBRARY FOUNDATION 3000 MACON ROAD COLUMBUS, GA 31906		509(A)(1)	94,777.	0.			MULTIPLE SUPPORT
DIRECT & PAYMENTS ON BEHALF OF MULTIPLE CHARITABLE & 501(C)(3) ORGANIZATION - VARIOUS - COLUMBUS, GA 31901			1,380,941.	0.			MULTIPLE SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
YOUTHRIVE, PHOTOGRAPHY, ITALY TRIP, AND COUNSELING	4	39,725.	0.		

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

Employer identification number: **-***1589

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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	(i)	224,061.	0.	0.	0.	24,999.	249,060.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LEAH POOLE	(i)	158,383.	0.	0.	0.	7,619.	166,002.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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	95	29,282,189.	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 ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection

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

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

INSPIRES, FACILITATES AND FOSTERS A VIBRANT AND ENGAGED CHATTAHOOCHEE VALLEY.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER MUST COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE BOARD OF TRUSTEES REVIEWS AND MONITORS ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT THE ORGANIZATION MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S SALARY. ALL OTHER STAFF MEMBER'S SALARIES ARE INCLUDED IN THE ANNUAL BUDGET PREPARED BY THE EXECUTIVE DIRECTOR, WHICH MUST BE PRESENTED TO AND APPROVED BY THE 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.

Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

Employer identification number **-***1589

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.

CARRYOVER DATA TO 2024

Name	Employer Identification Number
COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.	**-***1589

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - OTHER FINANCIAL INVES	3,262,481.

319341
04-01-23

Name: COMMUNITY FOUNDATION OF THE CHATTAHO FEIN: **-***1589

Type and Entity: OTHER FINANCIAL INVEST POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 09/30/24	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	1,264,595.	313,983.	313,983.								
B	2021	1,639,992.										
C	2022	671,877.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC. **-***1589

Form **990-W**
(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

▶ **Keep for your records. Do not send to the Internal Revenue Service.**

2024

1	Unrelated business taxable income expected in the tax year	1	
2	**Tax on the amount on line 1**	2	
3	Alternative minimum tax for trusts	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits	5	
6	Subtract line 5 from line 4	6	
7	Other taxes	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels	9	
10a	Subtract line 9 from line 8. **Note:** If less than $500, the organization does not need to make estimated tax payments — 10a		
b	Enter the tax shown on the 2023 return. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c — 10b: 16,274.		
c	**2024 Estimated Tax.** Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c — ADJUSTED TO	10c	16,280.

		(a)	(b)	(c)	(d)
11	**Installment due dates**	11			09/15/25
12	**Installments.** Enter 25% of line 10c in columns **(a)** through **(d)**	12			16,280.
13	**2023 Overpayment**	13			
14	**Payment due** (Subtract line 13 from line 12)	14			16,280.

Form **990-W**

FOR YOUR RECORDS

DO NOT FILE

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning OCT 1, 2023, and ending SEP 30, 2024

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Name of filer: COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

EIN or SSN: **-***1589

Name and title of officer or person subject to tax: BETSY W COVINGTON
PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☒	b	**Total tax** (Form 990-T, Part III, line 4)	6b	16,274.
7a	**Form 4720** check here	☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ROBINSON, GRIMES & CO., P.C. to enter my PIN 45435

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax — Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 58915189493

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: CHRISTOPHER A. MILLER, CPA Date: _____

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2023)

LHA 302521 01-05-24

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Taxpayer identification number (TIN)
-*1589

Number, street, and room or suite no. If a P.O. box, see instructions.
1147 6TH AVE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
COLUMBUS, GA 31901

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of BETSY COVINGTON
1147 6TH AVE - COLUMBUS, GA 31901

Telephone No. 706-320-0027 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or

☒ tax year beginning OCT 1, 20 23, and ending SEP 30, 20 24

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

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

EXTENDED TO AUGUST 15, 2025

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning OCT 1, 2023 , and ending SEP 30, 2024 .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

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

Department of the Treasury
Internal Revenue Service

A [X] Check box if address changed.

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a) [ ] 529A

Print or Type

Name of organization ([ ] 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.
1147 6TH AVE

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, GA 31901

C Book value of all assets at end of year 349,038,349.

D Employer identification number
-*1589

E Group exemption number (see instructions)

F [ ] Check box if an amended return.

G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust [ ] State college/university [ ] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim [ ] Credit from Form 8941 [ ] Refund shown on Form 2439 [ ] Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation [ ]

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of BETSY COVINGTON Telephone number 706-320-0027

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	78,496.
2	Reserved	2	
3	Add lines 1 and 2	3	78,496.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	78,496.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	78,496.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	77,496.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	16,274.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	16,274.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	16,274.
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). [ ] Check if includes tax previously deferred under section 1294. Enter tax amount here			4	16,274.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.

990-T (2023)

Part III Tax and Payments *(continued)*

6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	**Total payments.** Add lines 6a through 6j ☐		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	987.
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed STATEMENT 3		9	17,261.
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2024 estimated tax** **Refunded**		11	

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

		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
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 $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
525990	$ 3,576,464.
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

Signature of officer — Date: 6/12/25 — Title: PRESIDENT & CEO

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

Paid Preparer Use Only

Print/Type preparer's name: CHRISTOPHER A. MILLER, CPA	Preparer's signature	Date: 6/12/25	Check ☐ if self-employed	PTIN: P00189493
Firm's name: ROBINSON, GRIMES & CO., P.C.			Firm's EIN: **-***4304	
Firm's address: P.O. BOX 4299 COLUMBUS, GA 31914			Phone no. 706-324-5435	

Form **990-T** (2023)

FORM 990-T LATE PAYMENT INTEREST STATEMENT 1

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	02/18/25	16,274.	16,274.	.0700	178	565.
DATE FILED	08/15/25		16,839.			
TOTAL LATE PAYMENT INTEREST						565.

FORM 990-T LATE PAYMENT PENALTY STATEMENT 2

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	02/18/25	16,274.	16,274.	6	488.
DATE FILED	08/15/25		16,274.		
TOTAL LATE PAYMENT PENALTY					488.

FORM 990-T INTEREST AND PENALTIES STATEMENT 3

TAX FROM FORM 990-T, PART IV	16,274.
UNDERPAYMENT PENALTY	987.
LATE PAYMENT INTEREST	565.
LATE PAYMENT PENALTY	488.
TOTAL AMOUNT DUE	18,314.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

2023

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

A Name of the organization COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

B Employer identification number **-***1589

C Unrelated business activity code (see instructions) 525990

D Sequence: 1 of 1

E Describe the unrelated trade or business OTHER FINANCIAL INVESTMENT ACTIVITIES

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4	5	1,165,340.		1,165,340.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	1,165,340.		1,165,340.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SEE STATEMENT 5			14	772,861.
15	**Total deductions.** Add lines 1 through 14			15	772,861.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	392,479.
17	Deduction for net operating loss. See instructions STMT 6 STMT 8			17	313,983.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	78,496.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2023**

LHA 323741 01-19-24

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
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 statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

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

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

1, LINE 5: QUALIFIED PARTNERSHIP INTEREST AGGREGATION FOR UBTI

NAICS 525990

PER IRS NOTICE 2018-67, UBTI FROM PARTNERSHIPS WITH OWNERSHIP OF 2% OR LESS IS AGGREGATED AS A SINGLE TRADE OR BUSINESS.

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 4

DESCRIPTION	NET INCOME OR (LOSS)
VARIOUS PARTNERSHIPS - ORDINARY BUSINESS INCOME (LOSS)	1,165,340.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,165,340.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
INVESTMENT FEES RELATED TO PARTNERSHIPS AND S CORPORATIONS	772,861.
TOTAL TO SCHEDULE A, PART II, LINE 14	772,861.

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 6

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
3,576,464.	313,983.	3,262,481.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 7

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/21	1,264,595.	0.	1,264,595.	1,264,595.
09/30/22	1,639,992.	0.	1,639,992.	1,639,992.
09/30/23	671,877.	0.	671,877.	671,877.
NOL CARRYOVER AVAILABLE THIS YEAR			3,576,464.	3,576,464.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 8

TAXABLE INCOME FROM ALL ENTITIES	392,479.
THIS ENTITIES PORTION OF TAXABLE INCOME	392,479.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	392,479.
80% INCOME LIMITATION	313,983.
POST-2017 AVAILABLE	3,576,464.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	313,983.

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FORM 990-T
Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

2023

Name: COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.

Employer identification number: **-***1589

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	16,274.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d **Total.** Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty		3	16,274.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 **Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	16,274.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 ☐ The corporation is using the adjusted seasonal installment method.
7 ☐ The corporation is using the annualized income installment method.
8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 **Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (**Form 990-PF filers:** Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/24	03/15/24	06/15/24	09/15/24
10 **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	4,069.	4,068.	4,069.	4,068.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		4,069.	8,137.	12,206.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		4,069.	8,137.	
17 **Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	4,069.	4,068.	4,069.	4,068.
18 **Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. **(C corporations with tax years ending June 30 and S corporations:** Use 3rd month instead of 4th month. **Form 990-PF and Form 990-T filers:** Use 5th month instead of 4th month.) See instructions	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 7% (0.07)	22	$	$	$	$
23 Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
24 Underpayment on line 17 x Number of days on line 23 / 365 x 7% (0.07)	24	$	$	$	$
25 Number of days on line 20 after 9/30/2023 and before 1/1/2024	25				
26 Underpayment on line 17 x Number of days on line 25 / 365 x 8% (0.08)	26	$	$	$	$
27 Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE ATTACHED WORKSHEET			
28 Underpayment on line 17 x Number of days on line 27 / 366 x 8% (0.08)	28	$	$	$	$
29 Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
30 Underpayment on line 17 x Number of days on line 29 / 366 x *%	30	$	$	$	$
31 Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
32 Underpayment on line 17 x Number of days on line 31 / 366 x *%	32	$	$	$	$
33 Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
34 Underpayment on line 17 x Number of days on line 33 / 366 x *%	34	$	$	$	$
35 Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
36 Underpayment on line 17 x Number of days on line 35 / 365 x *%	36	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	$	$	$	$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns ..... **38** $ 987.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.					Identifying Number **-***1589
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/24	4,069.	4,069.	60	.000218579	53.
03/15/24	4,068.	8,137.	92	.000218579	164.
06/15/24	4,069.	12,206.	92	.000218579	245.
09/15/24	4,068.	16,274.	107	.000218579	381.
12/31/24	0.	16,274.	46	.000191781	144.
Penalty Due (Sum of Column F).					987.

* Date of estimated tax payment, withholding credit date or installment due date.

312511
04-01-23