

Form 8879-TE

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning OCT 1, 2022, and ending SEP 30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

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

Name of filer COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.EIN or SSN
-*1589Name 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 29,877,478.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	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

2022 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 2022 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 2022 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 2022 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

8-15-24

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

202521 12-16-22

13520812 310571 36810.001

2022.06000 COMMUNITY FOUNDATION OF THE 36810_01

EXTENDED TO AUGUST 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationCOMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1340 13TH STREET

Room/suite

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

COLUMBUS, GA 31901-2345

F Name and address of principal officer: BETSY W. COVINGTON

SAME AS C ABOVE

D Employer identification number

-*1589

E Telephone number

706-320-0027

G Gross receipts \$ 42,456,048.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CFCV.COM**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1998 **M** State of legal domicile: GA**Part I Summary**

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 1	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	34,624,946.	23,180,575.
	9	Program service revenue (Part VIII, line 2g)	-49,620.	352,342.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,089,416.	6,344,561.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,664,742.	29,877,478.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,534,514.	18,257,623.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	763,955.	840,360.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	142,704.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	686,928.	628,782.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,985,397.	19,726,765.
	19	Revenue less expenses. Subtract line 18 from line 12	23,679,345.	10,150,713.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	267,365,768.
21		Total liabilities (Part X, line 26)	5,422,950.	4,725,372.
22		Net assets or fund balances. Subtract line 21 from line 20	261,942,818.	293,751,970.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	BETSY W. COVINGTON, PRESIDENT & CEO	6/18/2024
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	CHRISTOPHER A. MILLER, CP	8-15-24
Firm's name	ROBINSON, GRIMES & CO., P.C.	Firm's EIN
	P.O. BOX 4299	** - ***4304
Firm's address	COLUMBUS, GA 31914	Phone no.
		706-324-5435

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

OMB No. 1545-0047

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

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

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

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

Type or print	Name of exempt organization 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. 1340 13TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, GA 31901-2345	

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

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

BETSY COVINGTON

- The books are in the care of ► **1340 13TH ST - COLUMBUS, GA 31901-2345**

Telephone No. ► **706-320-0027**

Fax No. ► _____

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

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**

- 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.

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.

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 18,482,222. including grants of \$ 18,257,623.) (Revenue \$ 2,425,014.)

THE FOUNDATION RECEIVED \$23,172,675 IN CONTRIBUTION INCOME FROM
APPROXIMATELY 910 DONORS DURING THE YEAR. IN ADDITION, GRANTS WERE
DISPERSED TO APPROXIMATELY 1,561 RECIPIENTS TOTALING \$18,257,623.

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 18,482,222.

Form 990 (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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	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	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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		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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	13	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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 5		
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	
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

☒**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	19	
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	19	
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed GA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

BETSY COVINGTON - 706-320-0027
1340 13TH ST, COLUMBUS, GA 31901-2345

COMMUNITY FOUNDATION OF THE

Form 990 (2022)

CHATTAHOOCHEE VALLEY, INC.

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See 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				201,052.	0.	23,606.
(2) LEAH POOLE CFO	40.00				X			147,822.	0.	6,834.
(3) KELLI PARKER VP GRANTS & PROGRAMS	40.00				X			120,499.	0.	5,468.
(4) JIMMY R. MUSGROVE DIRECTOR OF DONOR SERVICES	40.00				X			105,704.	0.	19,593.
(5) W. FRAY MCCORMICK TRUSTEE	1.00	X						0.	0.	0.
(6) ALAN F. ROTHSCHILD, JR. GENERAL COUNSEL	1.00	X						0.	0.	0.
(7) DAVID M. WHITE IMMEDIATE PAST CHAIR/BOARD	1.00	X						0.	0.	0.
(8) GEORGE FLOWERS TRUSTEE	1.00	X						0.	0.	0.
(9) BEN RICHARDSON TRUSTEE	1.00	X						0.	0.	0.
(10) GWEN RUFF SECRETARY	1.00	X						0.	0.	0.
(11) TRIP TOMLINSON CHAIR DISTRIBUTIONS	1.00	X						0.	0.	0.
(12) JOHN TURNER TRUSTEE	1.00	X						0.	0.	0.
(13) WRIGHT WADDELL TRUSTEE	1.00	X						0.	0.	0.
(14) ADRIAN J. CHESTER TRUSTEE	1.00	X						0.	0.	0.
(15) J. LEN WILLIAMS TREASURER/CHAIR FINANCE/IN	1.00	X						0.	0.	0.
(16) MELISSA E. GAUNTT VICE CHAIR	1.00	X						0.	0.	0.
(17) L. DUPUY SEARS TRUSTEE	1.00	X						0.	0.	0.

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 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) GENIECE R. GRANVILLE TRUSTEE	1.00	X						0.	0.	0.
(19) RODNEY K. MAHONE CHAIR	1.00	X						0.	0.	0.
(20) ROBERT E. NOBLES TRUSTEE	1.00	X						0.	0.	0.
(21) JAMES C. ELDER, JR. TRUSTEE	1.00	X						0.	0.	0.
(22) KENNETH M. HENSON, JR. TRUSTEE	1.00	X						0.	0.	0.
(23) ANNA MARIE MCWILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(24) TYLER A. TOWNSEND TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								575,077.	0.	55,501.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								575,077.	0.	55,501.

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 **4**

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

	Yes	No
3		X
4	X	
5		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

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

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	157,666.

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**

Form 990 (2022)

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,180,575.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 12,129,710.			
	h Total. Add lines 1a-1f		23,180,575.			
Program Service Revenue	2 a <u>CHANGE IN FAIR VALUE OF SPLIT INT</u>	Business Code	900099	352,342.	352,342.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		352,342.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,271,889.		4,271,889.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	(ii) Personal		
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	14,651,242.	
	b Less: cost or other basis and sales expenses	7b			12,578,570.	
	c Gain or (loss)	7c			2,072,672.	
	d Net gain or (loss)				2,072,672.	
	8 a 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					
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10 a 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	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		29,877,478.	2,425,014.	0.	4,271,889.	

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	18,207,532.	18,207,532.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,091.	50,091.		
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	244,959.	39,193.	181,270.	24,496.
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	481,292.	77,007.	356,156.	48,129.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	64,582.	10,333.	47,791.	6,458.
10 Payroll taxes	49,527.	7,924.	36,650.	4,953.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,077.		15,077.	
c Accounting				
d Lobbying	7,125.	1,140.	5,273.	712.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	295,199.	47,232.	218,447.	29,520.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	31,160.		31,160.	
12 Advertising and promotion	30,556.	4,889.	22,611.	3,056.
13 Office expenses	17,152.	2,745.	12,692.	1,715.
14 Information technology				
15 Royalties				
16 Occupancy	54,660.	8,746.	40,447.	5,467.
17 Travel	3,518.	563.	2,603.	352.
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	16,835.		16,835.	
23 Insurance	10,796.	1,727.	7,989.	1,080.
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	89,493.	14,319.	66,225.	8,949.
b DUES & SUBSCRIPTIONS	22,891.	3,663.	16,938.	2,290.
c REPAIRS & MAINTENANCE	15,934.	2,549.	11,791.	1,594.
d TRAINING	8,096.	1,295.	5,991.	810.
e All other expenses	10,290.	1,274.	5,893.	3,123.
25 Total functional expenses. Add lines 1 through 24e	19,726,765.	18,482,222.	1,101,839.	142,704.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	596,802.	1	826,771.
	2 Savings and temporary cash investments	11,782,386.	2	8,851,745.
	3 Pledges and grants receivable, net		3	1,834,656.
	4 Accounts receivable, net	5,384.	4	8,659.
	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 360,479.		
	b Less: accumulated depreciation	10b 273,621.	90,619.	10c 86,858.
	11 Investments - publicly traded securities	58,042,049.	11	59,319,853.
	12 Investments - other securities. See Part IV, line 11	195,049,360.	12	225,397,290.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,799,168.	15	2,151,510.
16 Total assets. Add lines 1 through 15 (must equal line 33)	267,365,768.	16	298,477,342.	
Liabilities	17 Accounts payable and accrued expenses	22,711.	17	38,750.
	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	5,400,239.	25	4,686,622.
	26 Total liabilities. Add lines 17 through 25	5,422,950.	26	4,725,372.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		260,557,650.	27	290,179,804.
28 Net assets with donor restrictions		1,385,168.	28	3,572,166.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		261,942,818.	32	293,751,970.
33 Total liabilities and net assets/fund balances		267,365,768.	33	298,477,342.

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,877,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,726,765.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,150,713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	261,942,818.
5	Net unrealized gains (losses) on investments	5	21,658,439.
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	293,751,970.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		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		

Form 990 (2022)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
* * - * * * 1589

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,976,129.	25,767,501.	45,552,435.	20,182,508.	23,180,575.	129,659,148.
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	14,976,129.	25,767,501.	45,552,435.	20,182,508.	23,180,575.	129,659,148.
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)						57,522,544.
6 Public support. Subtract line 5 from line 4.						72,136,604.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	14,976,129.	25,767,501.	45,552,435.	20,182,508.	23,180,575.	129,659,148.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,869,446.	2,725,577.	2,835,021.	3,770,261.	4,271,889.	16,472,194.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						146,131,342.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	49.36 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	47.75 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021.** 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.		
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).		
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.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		

Part IV Supporting Organizations (continued)

- 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?
- b** A family member of a person described on line 11a above?
- 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ 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).

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.
- 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.

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**.
- 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.

	Yes	No
2a		
2b		
3a		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

2022

*** Not Open to Public Inspection ***

223171 04-01-22

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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 **COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.** Employer identification number ****-***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-

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

Schedule C (Form 990) 2022

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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		2,896.
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		7,125.
j Total. Add lines 1c through 1i			10,021.
2a Did the activities in line 1 cause the organization to be not 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 \$7,125 TO VAN SCOYOC ASSOCIATES FOR THE

FOUNDATION'S PUBLIC AWARENESS INITIATIVE AND PAID A \$2,896 GRANT FOR

THE YOUTH INFRASTRUCTURE COALITION FUND.

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

2022

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	241	66
2 Aggregate value of contributions to (during year)	13,978,332.	6,594,951.
3 Aggregate value of grants from (during year)	11,021,193.	5,101,939.
4 Aggregate value at end of year	241,801,707.	42,504,447.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

232051 09-01-22

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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	248,529,109.	267,924,281.	189,325,899.	163,138,764.	157,180,702.
b Contributions	11,760,554.	21,819,111.	36,735,911.	21,580,312.	8,885,689.
c Net investment earnings, gains, and losses	27,513,232.	-32,824,344.	48,579,356.	12,413,187.	3,397,482.
d Grants or scholarships	5,859,938.	7,468,875.	5,710,017.	7,006,421.	5,544,945.
e Other expenditures for facilities and programs	1,162,564.	921,064.	1,006,868.	799,943.	780,164.
f Administrative expenses					
g End of year balance	280,780,393.	248,529,109.	267,924,281.	189,325,899.	163,138,764.

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

- a Board designated or quasi-endowment 99.8900%
 b Permanent endowment .1100%
 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		X
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		184,808.	160,212.	24,596.
d Equipment		175,671.	113,409.	62,262.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				86,858.

Schedule D (Form 990) 2022

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	33,172,318.	END-OF-YEAR MARKET VALUE
(B) VANGUARD STAR FUND TOTAL		
(C) INTL STOCK INDEX	48,501,644.	END-OF-YEAR MARKET VALUE
(D) VANGUARD INDEX FUNDS		
(E) TOTAL STOCK	42,868,161.	END-OF-YEAR MARKET VALUE
(F) ALTERNATIVE INVESTMENTS	100,855,167.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	225,397,290.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ORGANIZATION FUNDS	4,646,622.
(3) OTHER LIABILITIES	40,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,686,622.

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. ☒

Schedule D (Form 990) 2022

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	51,240,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	21,658,439.
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	21,658,439.
3	Subtract line 2e from line 1	3	29,582,279.
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	295,199.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	295,199.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,877,478.

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	19,431,566.
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	19,431,566.
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	295,199.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	295,199.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	19,726,765.

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, 2023, 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.

Name of the organization

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Employer identification number
-*1589

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
18TH WARD 3329 BELL ST. NEW ORLEANS, LA 70119-3229	**_***3703	501(C)(3)	11,000.	0.			GENERAL DONATION
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)	14,750.	0.			MULTIPLE SUPPORT
ANDREW COLLEGE 501 COLLEGE ST. CUTHBERT, GA 39840-5550	**_***8687	501(C)(3)	53,000.	0.			MULTIPLE SUPPORT
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32064 - BOONE, NC 28608-2064	**_***9379	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
ASHEVILLE SCHOOL, INC. 360 ASHEVILLE SCHOOL ROAD ASHEVILLE, NC 28806	**_***0248	501(C)(3)	10,000.	0.			GENERAL DONATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			245.				
3 Enter total number of other organizations listed in the line 1 table			1.				

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

Schedule I (Form 990) 2022

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

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Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA COMMUNITY FOOD BANK, INC. DONOR SERVICES ATLANTA, GA 30344-5719	**_***6648	501(C)(3)	25,000.	0.			GENERAL DONATION
ATLANTA HISTORICAL SOCIETY, INC. ATLANTA HISTORY CENTER DEVELOPMENT ATLANTA, GA 30305-1380	**_***6162	501(C)(3)	15,000.	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 ST. NE ATLANTA, GA 30303-1740	**_***5936	501(C)(3)	10,000.	0.			GENERAL FUND
ATLANTA YOUTH ACADEMIES FOUNDATION, INC. - P.O. BOX 18237 - ATLANTA, GA 30316-0237	**_***4519	501(C)(3)	60,900.	0.			MULTIPLE SUPPORT
AUBURN UNIVERSITY ATTN: EXTERNAL SCHOLARSHIPS AUBURN, AL 36849	**_***0724	501(C)(3)	11,500.	0.			SCHOLARSHIPS
BEGIN AGAIN FARMS, INC. P.O. BOX 242 HAMILTON, GA 31811-0242	**_***0261	501(C)(3)	21,000.	0.			MULTIPLE SUPPORT
BOLLES SCHOOL 7400 SAN JOSE BOULEVARD JACKSONVILLE, FL 32217	**_***7814	501(C)(3)	20,000.	0.			MULTIPLE SUPPORT
BONEFISH & TARPON TRUST, INC. 2937 SW 27TH AVENUE MIAMI, FL 33133	**_***8321	501(C)(3)	10,000.	0.			ANNUAL FUND

Schedule I (Form 990)

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

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Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA, CHATTAHOOCHEE COUNCIL - 1237 1ST AVENUE - COLUMBUS, GA 31901-5283	**_***1576	501(C)(3)	47,000.	0.			MULTIPLE SUPPORT
BOYS AND GIRLS CLUBS OF THE CHATTAHOOCHEE VALLEY, INC. - 1700 BUENA VISTA RD - COLUMBUS, GA 31906-3003	**_***4393	501(C)(3)	82,000.	0.			MULTIPLE SUPPORT
BROOKSTONE SCHOOL, INC. 440 BRADLEY PARK DRIVE COLUMBUS, GA 31904-2901	**_***3670	501(C)(3)	203,085.	0.			MULTIPLE SUPPORT
CAPE ANN MUSEUM, INC. 27 PLEASANT STREET GLOUCESTER, MA 01930	**_***3545	501(C)(3)	50,000.	0.			MULTIPLE SUPPORT
CARROLL CENTER FOR THE BLIND INC. 770 CENTRE STREET NEWTON, MA 02458	**_***6173	501(C)(3)	10,620.	0.		YOUTH IN TRANSITION PROGRAM	
CASCADE HILLS CHURCH 727 54TH STREET COLUMBUS, GA 31904	**_***2314	501(C)(3)	50,000.	0.		GENERAL FUND	
CATHOLIC FOUNDATION OF NORTH GEORGIA - 5871 GLENRIDGE DRIVE NE - ATLANTA, GA 30328	**_***8930	501(C)(3)	65,334.	0.		KESLER MEMORIAL SCHOLARSHIP FUND	
CHATTAHOOCHEE RIVERKEEPER 6020 RIVER VIEW ROAD SE SMYRNA, GA 30126	**_***5413	501(C)(3)	23,000.	0.		MULTIPLE SUPPORT	
CHATTAHOOCHEE RIVERWARDEN P.O. BOX 985 COLUMBUS, GA 31902-0985	**_***9716	501(C)(3)	39,300.	0.		MULTIPLE SUPPORT	

Schedule I (Form 990)

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

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Schedule I (Form 990) **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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATAHOOCHEE VALLEY JAIL MINISTRY, INC. DEA SAFEHOUSE MINISTRIES - 2101 HAMILTON RD. - COLUMBUS, GA 31904	**_***3737	501(C)(3)	19,200.	0.			MULTIPLE SUPPORT
CHILDREN'S HARBOR, INC. 434 CHILDRENS HARBOR DRIVE ECLECTIC, AL 36024	**_***2070	501(C)(3)	16,200.	0.			GENERAL DONATION
CHILDREN'S HEALTHCARE OF ATLANTA, INC. - 1575 NORTHEAST EXPRESSWAY NE - ATLANTA, GA 30329	**_***0601	501(C)(3)	159,222.	0.			MULTIPLE SUPPORT
CHRIST EPISCOPAL CHURCH 400 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	**_***6965	501(C)(3)	5,250.	0.			GENERAL DONATION
CHURCH OF THE HIGHLANDS, INC. 3660 GRANDVIEW PKWY BIRMINGHAM, AL 35243-3339	**_***8442	501(C)(3)	12,000.	0.			AS NEEDED AT THE COLUMBUS, GEORGIA LOCATION
COLUMBUS ALLIANCE FOR BATTERED WOMEN, INC. - P.O. BOX 4182 - COLUMBUS, GA 31914-0182	**_***9257	501(C)(3)	18,850.	0.			MULTIPLE SUPPORT
COLUMBUS ALLIANCE FOR REGIONAL INVESTMENT, INC. - P.O. BOX 1200 - COLUMBUS, GA 31902	**_***6611	501(C)(3)	45,000.	0.			MULTIPLE SUPPORT
COLUMBUS BAPTIST ASSOCIATION 3679 STEAM MILL ROAD COLUMBUS, GA 31906	**_***6245	501(C)(3)	25,000.	0.			3MC RENOVATIONS
COLUMBUS COMMUNITY ORCHESTRA AND ASSOCIATES, INC. - 6806 ELLIS DR - COLUMBUS, GA 31904-2530	**_***3657	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

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

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS ECONOMIC DEVELOPMENT CORPORATION - 1200 6TH AVENUE - COLUMBUS, GA 31901-2613	**_***4651	501(C)(3)	6,250.	0.			COLUMBUS FILM FUND
COLUMBUS GA PICKLEBALL ASSOC INC P.O. BOX 484 COLUMBUS, GA 31902	**_***3371	501(C)(3)	25,000.	0.			SUPPORT
COLUMBUS HOSPICE, INC. 7020 MOON RD. COLUMBUS, GA 31909-4900	**_***5395	501(C)(3)	35,100.	0.			MULTIPLE SUPPORT
COLUMBUS HOUSING INITIATIVE, INC. P.O. BOX 1620 COLUMBUS, GA 31902	**_***8678	501(C)(3)	42,750.	0.			MULTIPLE SUPPORT
COLUMBUS PHILHARMONIC GUILD, INC. P.O. BOX 1499 COLUMBUS, GA 31902-1499	**_***6789	501(C)(3)	117,818.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL MEDICAL FOUNDATION, INC. - 707 CENTER STREET - COLUMBUS, GA 31901-1575	**_***1642	501(C)(3)	1,041,823.	0.			MULTIPLE SUPPORT
COLUMBUS REGIONAL TENNIS ASSOCIATION, INC. - P.O. BOX 8236 - COLUMBUS, GA 31908-8236	**_***3414	501(C)(3)	10,200.	0.			GENERAL DONATION
COLUMBUS SCHOLARS, INC. 1014 GRAMERCY DR. MIDLAND, GA 31820-3470	**_***9094	501(C)(3)	25,000.	0.			GENERAL DONATION
COLUMBUS STATE UNIVERSITY 4225 UNIVERSITY AVENUE COLUMBUS, GA 31907	**_***1208	501(C)(3)	8,250.	0.			MULTIPLE SUPPORT

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

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COLUMBUS STATE UNIVERSITY FOUNDATION, INC. - 4225 UNIVERSITY AVE - COLUMBUS, GA 31907-5645	**-***3198	501(C)(3)	521,660.	0.			MULTIPLE SUPPORT
COLUMBUS TECHNICAL INSTITUTE FOUNDATION, INC. - 928 MANCHESTER EXPRESSWAY - COLUMBUS, GA 31904-6572	**-***3978	501(C)(3)	32,500.	0.			MULTIPLE SUPPORT
COMMUNITIES OF COASTAL GEORGIA FOUNDATION - 1316 NEWCASTLE ST. - BRUNSWICK, GA 31520	**-***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 CHATTANOOGA - 1400 WILLIAMS STREET - CHATTANOOGA, TN 37408	**-***5999	501(C)(3)	20,000.	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
COMMUNITY RESOURCE CENTER OF CHATTOOGA, INC. - P.O. BOX 222 - SUMMERVILLE, GA 30747-0222	**-***4565	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
COWETA FALLS STEEPLECHASE, INC., P.O. BOX 1360 COLUMBUS, GA 31902-1360	**-***0923	501(C)(3)	56,000.	0.			GENERAL DONATION
DARLINGTON SCHOOL, INC., 1014 CAVE SPRING ROAD ROME, GA 30161	**-***6169	501(C)(3)	55,000.	0.			MULTIPLE SUPPORT

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

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

Part II	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	DAVIDSON COLLEGE P.O. BOX 5000 DAVIDSON, NC 28035-7170	**_***9961	501(C)(3)	25,000.	0.			MULTIPLE SUPPORT
	DIRECT & PAYMENTS ON BEHALF OF 6 CHARITABLE & 501(C)(3) ORGANIZATIONS - VARIOUS - COLUMBUS, GA 31901			334,334.	0.			MULTIPLE SUPPORT
	DO GOOD FUND, INC. P.O. BOX 1199 COLUMBUS, GA 31902-1199	**_***6209	501(C)(3)	106,000.	0.			GENERAL DONATION
	DRAGONFLY TRAILS, INC. P.O. BOX 2666 COLUMBUS, GA 31902-2666	**_***2269	501(C)(3)	300,500.	0.			MULTIPLE SUPPORT
	DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 27708-0581	**_***2129	501(C)(3)	7,590.	0.			MULTIPLE SUPPORT
	EASTER SEALS WEST GEORGIA, INC. P.O. BOX 1690 FORTSON, GA 31808	**_***9206	501(C)(3)	21,800.	0.			MULTIPLE SUPPORT
	ELIZABETH FOUNDATION 2625 PIEDMONT RD NE STE 56 # 363 ATLANTA, GA 30324-5906	**_***8569	501(C)(3)	10,000.	0.			GENERAL DONATION
	EMORY UNIVERSITY 1762 CLIFTON ROAD ATLANTA, GA 30322	**_***6256	501(C)(3)	103,000.	0.			MULTIPLE SUPPORT
	ENGAGE YOUR DESTINY 5775 WAYZATA BLVD. ST. LOUIS PARK, MN 55416	**_***7761	501(C)(3)	20,000.	0.			GENERAL DONATION

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FABARTS, INC. 214 A 10TH STREET COLUMBUS, GA 31901	**_***0344	501(C)(3)	15,750.	0.			GENERAL DONATION
FEEDING THE VALLEY, INC. P.O. BOX 8904 COLUMBUS, GA 31908	**_***8131	501(C)(3)	22,450.	0.			MULTIPLE SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 8361 COLUMBUS, GA 31908	**_***0626	501(C)(3)	7,625.	0.			MULTIPLE SUPPORT
FIRST READERS, INC. 3000 MACON ROAD COLUMBUS, GA 31906	**_***9181	501(C)(3)	5,600.	0.			MULTIPLE SUPPORT
FIRST BAPTIST CHURCH OF COLUMBUS, GA - P.O. BOX 828 - COLUMBUS, GA 31902-0828	**_***9986	501(C)(3)	133,700.	0.			MULTIPLE SUPPORT
FIRST PRESBYTERIAN CHURCH 1100 FIRST AVENUE COLUMBUS, GA 31901	**_***5891	501(C)(3)	70,000.	0.			MULTIPLE SUPPORT
FLINT RIVERKEEPER 102 PINE AVENUE ALBANY, GA 31701	**_***9215	501(C)(3)	10,000.	0.			TALBOT COUNTY UNITED
FOCUS ON TRUTH, INC. P.O. BOX 5367 COLUMBUS, GA 31906-0367	**_***6641	501(C)(3)	6,750.	0.			GENERAL DONATION
FOLDS OF HONOR FOUNDATION FOLDS OF HONOR FOUNDATION TULSA, OK 74182	**_***0683	501(C)(3)	15,000.	0.			GENERAL DONATION

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FOOD BANK OF EAST ALABAMA, INC. 355 INDUSTRY DR AUBURN, AL 36832-4274	**_***2492	501(C)(3)	10,000.	0.			SUMMER FEEDING PROGRAM
FORT VALLEY STATE UNIVERSITY 2ND FLOOR TROOP ADMINISTRATION BUILDING FORT VALLEY, GA 31030	**_***2062	501(C)(3)	6,250.	0.			SCHOLARSHIPS
FRACTURED ATLAS, INC. P.O. BOX 55 HARTSDALE, NY 10530-0055	**_***1703	501(C)(3)	10,000.	0.			KINESIS PROJECT DANCE THEATRE
FRED HASKINS COMMISSION, INC. COUNTRY CLUB OF COLUMBUS COLUMBUS, GA 31906	**_***2950	501(C)(3)	28,500.	0.			GENERAL DONATION
GEORGIA COLLEGE & STATE UNIVERSITY 231 W. HANCOCK ST MILLEDGEVILLE, GA 31061	**_***2064	501(C)(3)	6,218.	0.			SCHOLARSHIPS
GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE ATLANTA, GA 30332	**_***2023	501(C)(3)	13,436.	0.			SCHOLARSHIPS
GEORGIA ORGANICS, INC. 200 A OTTLEY DRIVE NE ATLANTA, GA 30324-3968	**_***5310	501(C)(3)	6,700.	0.			MULTIPLE SUPPORT
GEORGIA SOUTHERN UNIVERSITY P.O. BOX 8065 STATESEBORO, GA 30460-8065	**_***2059	501(C)(3)	9,750.	0.			SCHOLARSHIPS
GEORGIA STATE UNIVERSITY P.O. BOX 5099 ATLANTA, GA 30302	**_***2050	501(C)(3)	10,750.	0.			SCHOLARSHIPS

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GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA, GA 30332	**_***2514	501(C)(3)	5,500.	0.			ALEXANDER-THARPE FUND
GEORGIA TRUST FOR HISTORIC PRESERVATION, INC. - 1516 PEACHTREE STREET, N.W. - ATLANTA, GA 30309-2908	**_***7226	501(C)(3)	7,500.	0.			MULTIPLE SUPPORT
GIRLS, INC. OF COLUMBUS AND PHENIX-RUSSELL - P.O. BOX 3096 - COLUMBUS, GA 31903-0096	**_***1441	501(C)(3)	13,750.	0.			MULTIPLE SUPPORT
GLOBAL TEEN CHALLENGE, INC. P.O. BOX 511 COLUMBUS, GA 31902-0511	**_***2759	501(C)(3)	51,500.	0.			MULTIPLE SUPPORT
GRACE PRESBYTERIAN CHURCH OF COLUMBUS, INC. - P.O. BOX 4747 - COLUMBUS, GA 31914-0747	**_***9321	501(C)(3)	18,000.	0.			MULTIPLE SUPPORT
GSGA FOUNDATION, INC. 2205 NORTHSIDE DRIVE NW ATLANTA, GA 30305	**_***4105	501(C)(3)	50,406.	0.			MULTIPLE SUPPORT
HEADWATERS FOUNDATION FOR JUSTICE 2801 21ST AVENUE SOUTH, STE 132B MINNEAPOLIS, MN 55407	**_***9386	501(C)(3)	16,533.	0.			MULTIPLE SUPPORT
HISTORIC COLUMBUS FOUNDATION, INC. P.O. BOX 5312 COLUMBUS, GA 31906-0312	**_***1916	501(C)(3)	96,050.	0.			MULTIPLE SUPPORT
HISTORIC WESTVILLE, INC. P.O. BOX 3442 COLUMBUS, GA 31903-0442	**_***8435	501(C)(3)	10,500.	0.			MULTIPLE SUPPORT

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HOPE HEALS 4279 ROSWELL ROAD NE ATLANTA, GA 30342	**_***3503	501(C)(3)	6,000.	0.			MULTIPLE SUPPORT
HOUSE OF HEROES, CHATTAHOOCHEE VALLEY CHAPTER - 1225 WEBSTER AVE. - COLUMBUS, GA 31901-2605	**_***7613	501(C)(3)	24,500.	0.			MULTIPLE SUPPORT
HOUSE OF T I M E INCORPORATED 1200 WYNNTON RD COLUMBUS, GA 31906-2811	**_***5951	501(C)(3)	7,500.	0.			GENERAL DONATION
HUMANE SOCIETY OF HARRIS COUNTY, INC. - 3938 BARNES MILL ROAD - HAMILTON, GA 31811-5439	**_***0386	501(C)(3)	29,500.	0.			MULTIPLE SUPPORT
INTERNATIONAL FRIENDSHIP MINISTRIES, INC. - 2308 HILTON AVENUE - COLUMBUS, GA 31906	**_***5017	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
INTERNATIONAL LEAGUE OF CONSERVATION PHOTOGRAPHERS - 4600 NORTH FAIRFAX DRIVE - ARLINGTON, VA 22203	**_***5999	501(C)(3)	50,500.	0.			WONDER WOMEN PROJECT
ISIDORE NEWMAN SCHOOL 1903 JEFFERSON AVE. NEW ORLEANS, LA 70115	**_***8935	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
KENNESAW STATE UNIVERSITY 585 COBB AVENUE NW KENNESAW, GA 30144	**_***5786	501(C)(3)	8,750.	0.			SCHOLARSHIPS
KENTLER INTERNATIONAL DRAWING SPACE, INC. - 353 VAN BRUNT ST. - BROOKLYN, NY 11231-1245	**_***1398	501(C)(3)	30,000.	0.			GENERAL DONATION

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L.E.A.D., INC. 1266 W. PACES FERRY RD. ATLANTA, GA 30327	**_***0196	501(C)(3)	10,000.	0.			GENERAL DONATION
LAGRANGE ART MUSEUM, INC. 112 LAFAYETTE PKWY LAGRANGE, GA 30240-3209	**_***5805	501(C)(3)	35,000.	0.			MULTIPLE SUPPORT
LAGRANGE COLLEGE 601 BROAD STREET LAGRANGE, GA 30240-2955	**_***6199	501(C)(3)	162,500.	0.			MULTIPLE SUPPORT
LAGRANGE SYMPHONY ORCHESTRA, INC. P.O. BOX 2321 LAGRANGE, GA 30241	**_***2569	501(C)(3)	25,000.	0.			MULTIPLE SUPPORT
LOVE LIKE LEXI PROJECT P.O. BOX 601 SMITHS STATION, AL 36877	**_***0384	501(C)(3)	6,000.	0.			LOVE LIKE LEXI PROJECT
LUTZIE 43 FOUNDATION 2840 LANDING WAY MARIETTA, GA 30066	**_***5036	501(C)(3)	10,000.	0.			43 DAY CAMPAIGN
MAKE-A-WISH FOUNDATION OF GEORGIA, INC. - 1775 THE EXCHANGE SE - ATLANTA, GA 30339-2016	**_***6828	501(C)(3)	7,500.	0.			GENERAL DONATION
MERCYMED OF COLUMBUS 3702 2ND AVE COLUMBUS, GA 31904-7408	**_***1913	501(C)(3)	449,886.	0.			MULTIPLE SUPPORT
MERIWETHER HEALTH PROPERTIES, INC. P.O. BOX 8 WARM SPRINGS, GA 31830-0008	**_***0091	501(C)(3)	385,000.	0.			REAL ESTATE GIFT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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MERRIE WOODE FOUNDATION, INC. 100 MERRIE-WOODE ROAD SAPPHIRE, NC 28774-9621	**_***5955	501(C)(3)	14,000.	0.			BETTY AND JOHN KINNETT ENDOWMENT
METHODIST HOME OF THE SOUTH GEORGIA CONFERENCE - P.O. BOX 2525 - MACON, GA 31203-2525	**_***2971	501(C)(3)	12,500.	0.			MULTIPLE SUPPORT
MICAH'S PROMISE, INC. 3707 2ND AVE COLUMBUS, GA 31904	**_***2349	501(C)(3)	129,500.	0.			MULTIPLE SUPPORT
MIDTOWN FELLOWSHIP 1819 TAYLOR STREET COLUMBIA, SC 29201-3541	**_***0969	501(C)(3)	10,000.	0.			MULTIPLE SUPPORT
MIDTOWN, INC. 1236 WILDWOOD AVE COLUMBUS, GA 31906-2538	**_***3174	501(C)(3)	36,250.	0.			MULTIPLE SUPPORT
MOUNTAIN MISSION SCHOOL 1760 EDGEWATER DRIVE GRUNDY, VA 24614	**_***8173	501(C)(3)	15,000.	0.			GENERAL DONATION
MUSCOGEE COUNTY SCHOOL DISTRICT P.O. BOX 2427 COLUMBUS, GA 31902-2427	**_***0143	501(C)(3)	1,393,973.	0.			MULTIPLE SUPPORT
MUSCOGEE EDUCATIONAL EXCELLENCE FOUNDATION, INC. - 214 10TH STREET - COLUMBUS, GA 31901-2719	**_***6445	501(C)(3)	18,500.	0.			MULTIPLE SUPPORT
NAOMI'S VILLAGE, INC. 6841 VIRGINIA PARKWAY MCKINNEY, TX 75071	**_***2323	501(C)(3)	32,500.	0.			MULTIPLE SUPPORT

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NATIONAL INFANTRY MUSEUM FOUNDATION, INC. - 1775 LEGACY WAY - COLUMBUS, GA 31903-3674	**_***2819	501(C)(3)	55,506.	0.			MULTIPLE SUPPORT
NATURE NOW P.O. BOX 1531 COLUMBUS, GA 31902	**_***6668	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT
NORTH STAR FUND, INC. 520 EIGHTH AVENUE NEW YORK, NY 10018-4170	**_***0801	501(C)(3)	16,533.	0.			MULTIPLE SUPPORT
NORTHSIDE UNITED METHODIST CHURCH 2799 NORTHSIDE DRIVE NW ATLANTA, GA 30305	**_***2662	501(C)(3)	30,000.	0.			MULTIPLE SUPPORT
NORWICH UNIVERSITY 158 HARMON DRIVE NORTHFIELD, VT 05663	**_***9424	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT
OPEN DOOR COMMUNITY HOUSE, INC. 2405 2ND AVENUE COLUMBUS, GA 31901-1023	**_***1980	501(C)(3)	99,950.	0.			MULTIPLE SUPPORT
PACE ACADEMY, INC. 966 W. PACES FERRY ROAD, NW ATLANTA, GA 30327	**_***6812	501(C)(3)	18,000.	0.			MULTIPLE SUPPORT
PASTORAL INSTITUTE, INC. 2022 FIFTEENTH AVE COLUMBUS, GA 31901-1608	**_***7764	501(C)(3)	50,600.	0.			MULTIPLE SUPPORT
PAVILLON INTERNATIONAL 241 PAVILLON PLACE MILL SPRING, NC 28756	**_***2731	501(C)(3)	10,000.	0.			OPERATION EXPENSES

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PAWS HUMANE, INC. 4900 MILGEN RD COLUMBUS, GA 31907-1345	** - ***3501	501(C)(3)	49,000.	0.			MULTIPLE SUPPORT
PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL ROAD NW ATLANTA, GA 30305	** - ***6210	501(C)(3)	12,000.	0.			GENERAL FUND
POINT UNIVERSITY, INC. ADVANCEMENT OFFICE WEST POINT, GA 31833	** - ***4761	501(C)(3)	250,000.	0.			MULTIPLE SUPPORT
PORT COLUMBUS CIVIL WAR NAVAL CENTER, INC. - 1002 VICTORY DRIVE - COLUMBUS, GA 31901-1022	** - ***7274	501(C)(3)	7,000.	0.			GENERAL DONATION
REDEEMED FOUNDATION INC 6801 RIVER RD STE 2100 COLUMBUS, GA 31904-3303	** - ***5323	501(C)(3)	10,000.	0.			GENERAL DONATION
RENAISSANCE CHARITABLE FOUNDATION, INC. - 8910 PURDUE ROAD - INDIANAPOLIS, IN 46268-3161	** - ***9262	501(C)(3)	2,362,701.	0.			MULTIPLE SUPPORT
REROUTING, INC. 524 BROADWAY COLUMBUS, GA 31901	** - ***1866	501(C)(3)	10,000.	0.			GRIEF AND CHANGE IN LIFE COUNSELING
RICHARD J. CARON FOUNDATION P.O. BOX 150 WERNERSVILLE, PA 19565	** - ***0680	501(C)(3)	10,000.	0.			ANNUAL GIFT
RIGHT FROM THE START P.O. BOX 550 COLUMBUS, GA 31902	** - ***5687	501(C)(3)	14,500.	0.			MULTIPLE SUPPORT

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RIVERCENTER, INC. P.O. BOX 2425 COLUMBUS, GA 31902-2425	** - ***5233	501(C)(3)	211,053.	0.			MULTIPLE SUPPORT
ROAD SAFE AMERICA, INC. P. O. BOX 460278 FORT LAUDERDALE, FL 33346-0278	** - ***6556	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT
ROOF ABOVE, INC. P.O. BOX 31335 CHARLOTTE, NC 28231	** - ***7620	501(C)(3)	10,000.	0.			GENERAL DONATION
SCHWAB CHARITABLE FUND P.O. BOX 628298 ORLANDO, FL 32862	** - ***0316	501(C)(3)	48,400.	0.			SOUTHERN HUMANITIES FUND
SHEPHERD CENTER FOUNDATION, INC. 2020 PEACHTREE RD NW ATLANTA, GA 30309	** - ***8224	501(C)(3)	6,500.	0.			MULTIPLE SUPPORT
SOUTHLAND ACADEMY FOUNDATION, INC. P.O. BOX 1127 AMERICUS, GA 31709	** - ***7659	501(C)(3)	8,500.	0.			FOR RUSS CARREKER PAVILION
SPRINGER OPERA HOUSE ARTS ASSOCIATION, INC. - 103 10TH STREET - COLUMBUS, GA 31901-2741	** - ***5084	501(C)(3)	85,000.	0.			MULTIPLE SUPPORT
ST. ANNE CATHOLIC CHURCH 2000 KAY CIRCLE COLUMBUS, GA 31907	** - ***2606	501(C)(3)	20,500.	0.			ST. ANNE COMMUNITY OUTREACH
ST. ANNE PACELLI CATHOLIC SCHOOL 2020 KAY CIRCLE COLUMBUS, GA 31907	** - ***6154	501(C)(3)	43,000.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. DAVID'S 5150 MACOMB STREET NW WASHINGTON, DC 20016-2612	**_***5763	501(C)(3)	7,000.	0.			ST. DAVID'S EPISCOPAL CHURCH
ST. JOHN'S EPISCOPAL PARISH DAY SCHOOL, INC - 240 S PLANT AVE - TAMPA, FL 33606	**_***6047	501(C)(3)	500,000.	0.			MULTIPLE SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	**_***6012	501(C)(3)	5,500.	0.			MULTIPLE SUPPORT
ST. LUKE UNITED METHODIST CHURCH P.O. BOX 867 COLUMBUS, GA 31902	**_***0861	501(C)(3)	61,000.	0.			MULTIPLE SUPPORT
ST. PAUL UNITED METHODIST CHURCH 2101 WILWOOD AVENUE COLUMBUS, GA 31906	**_***9812	501(C)(3)	95,250.	0.			MULTIPLE SUPPORT
ST. PETER'S CATHOLIC CHURCH 200 LAFAYETTE PARKWAY LAGRANGE, GA 30241	**_***2426	501(C)(3)	9,000.	0.			MULTIPLE SUPPORT
ST. THOMAS EPISCOPAL CHURCH 2100 HILTON AVE COLUMBUS, GA 31906-1500	**_***7470	501(C)(3)	52,400.	0.			GENERAL DONATION
STANDING BOY, INC. 1111 BAY AVE COLUMBUS, GA 31901-5267	**_***0668	501(C)(3)	31,800.	0.			MULTIPLE SUPPORT
STARTUP COLUMBUS, INC. 4225 UNIVERSITY AVENUE COLUMBUS, GA 31907	**_***2524	501(C)(3)	217,500.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990)

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

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STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 Hylan Blvd. - STATEN ISLAND, NY 10306	** - ***4654	501(C)(3)	10,000.	0.			GENERAL DONATION
STEWART COMMUNITY HOME, INC. P.O. BOX 4279 COLUMBUS, GA 31914-0279	** - ***7158	501(C)(3)	24,000.	0.			MULTIPLE SUPPORT
TAKE THE CITY, INC. 2910 2ND AVENUE COLUMBUS, GA 31904-8199	** - ***3928	501(C)(3)	12,500.	0.			MULTIPLE SUPPORT
TEEN CHALLENGE OF FLORIDA, INC. 15 W 10TH STREET COLUMBUS, GA 31901-2744	** - ***9228	501(C)(3)	10,000.	0.			AS NEEDED
THE COLUMBUS BOTANICAL GARDENS, INC. - 3603 WEEMS RD. - COLUMBUS, GA 31909-3701	** - ***7596	501(C)(3)	63,900.	0.			MULTIPLE SUPPORT
THE COLUMBUS MUSEUM, INC. 1251 WYNNTON RD. COLUMBUS, GA 31906-2810	** - ***2894	501(C)(3)	194,770.	0.			MULTIPLE SUPPORT
THE CORPORATION OF MERCER UNIVERSITY - 1501 MERCER UNIVERSITY DR - MACON, GA 31207-1515	** - ***6167	501(C)(3)	62,000.	0.			MULTIPLE SUPPORT
THE FIRST TEE OF TROUP COUNTY 1220 LAFAYETTE PARKWAY LAGRANGE, GA 30241	** - ***3154	501(C)(3)	16,000.	0.			GENERAL DONATION
THE GIVING KITCHEN INITIATIVE, INC. - 970 JEFFERSON ST. NW - ATLANTA, GA 30318	** - ***6788	501(C)(3)	15,000.	0.			GENERAL DONATION

Schedule I (Form 990)

COMMUNITY FOUNDATION OF THE

CHATTAHOOCHEE VALLEY, INC.

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Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVENUE NEW ORLEANS, LA 70130	**_***8921	501(C)(3)	15,000.	0.			KIDS JOIN THE FIGHT FUND
THE HISTORIC LINWOOD FOUNDATION, INC. - P.O. BOX 1057 - COLUMBUS, GA 31902-1057	**_***5736	501(C)(3)	28,125.	0.			MULTIPLE SUPPORT
THE HUGHSTON FOUNDATION, INC. P.O. 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.			AZALEA STORYTELLING FESTIVAL
THE LOUDOUN AGRICULTURAL & CHEMICAL INSTITUTE FOUNDATION, INC. - 22265 OATLANDS RD - ALDIE, VA 20105	**_***6501	501(C)(3)	50,000.	0.			GENERAL DONATION
THE MILL DISTRICT, INC. 3707 2ND AVENUE COLUMBUS, GA 31904	**_***3581	501(C)(3)	25,500.	0.			MULTIPLE SUPPORT
THE MUSCOGEE COUNTY LIBRARY FOUNDATION - 3000 MACON ROAD - CHARLOTTE, GA 31906	**_***2688	501(C)(3)	560,000.	0.			MULTIPLE SUPPORT
THE RIDGE CHURCH 3021 WILLIAMS ROAD COLUMBUS, GA 31901	**_***4303	501(C)(3)	10,000.	0.			GENERAL DONATION
THE ROCK ACADEMY, INC. 4 CRAWFORD CHURCH ROAD PHENIX CITY, AL 36870	**_***4195	501(C)(3)	108,000.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE
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Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 5201 WARM SPRINGS ROAD COLUMBUS, GA 31909-4284	**_***0607	501(C)(3)	48,000.	0.			MULTIPLE SUPPORT
THE WYNN HOUSE, INC. 1240 WYNNTON RD. COLUMBUS, GA 31906-2812	**_***3391	501(C)(3)	16,000.	0.			MULTIPLE SUPPORT
TREES COLUMBUS, INC. P.O. BOX 1531 COLUMBUS, GA 31902-1531	**_***9040	501(C)(3)	22,500.	0.			MULTIPLE SUPPORT
TRINITY EPISCOPAL CHURCH 1130 1ST AVENUE COLUMBUS, GA 31901	**_***0868	501(C)(3)	166,600.	0.			MULTIPLE SUPPORT
TRINITY PRESBYTERIAN CHURCH 3003 HOWELL MILL ROAD NW ATLANTA, GA 30327	**_***7087	501(C)(3)	17,000.	0.			2023 GIFT
TRINITY SCHOOL, INC. 4301 NORTHSIDE PARKWAY, NW ATLANTA, GA 30327-3014	**_***7585	501(C)(3)	55,000.	0.			MULTIPLE SUPPORT
TRINITY UNITED METHODIST CHURCH 1400 OXMOOR ROAD BIRMINGHAM, AL 35209	**_***2180	501(C)(3)	100,000.	0.			GENERAL DONATION
TROUP CARES, INC. 301 MEDICAL DR. LAGRANGE, GA 30240	**_***6300	501(C)(3)	10,000.	0.			NURSE PRACTITIONER SUPPORT PROGRAM
TRUTH SPRING INCORPORATED 3314 5TH AVE. COLUMBUS, GA 31904-7516	**_***3712	501(C)(3)	104,666.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF THE
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Schedule I (Form 990)

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UGROW, INC DBA THE FOOD MILL P.O. BOX 65 COLUMBUS, GA 31902	** - ***5530	501(C)(3)	74,318.	0.			MULTIPLE SUPPORT
UNITED WAY OF THE CHATAHOOCHEE VALLEY, INC. - P.O. BOX 1157 - COLUMBUS, GA 31902-1157	** - ***2434	501(C)(3)	1,310,535.	0.			MULTIPLE SUPPORT
UNITED WAY OF WEST GEORGIA, INC. P.O. BOX 532 LAGRANGE, GA 30241-0009	** - ***6480	501(C)(3)	7,000.	0.			GENERAL DONATION
UNIVERSITY OF GEORGIA 104 CALDWELL HALL ATHENS, GA 30602	** - ***1978	501(C)(3)	41,371.	0.			SCHOLARSHIPS
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE ATHENS, GA 30601	** - ***3837	501(C)(3)	692,000.	0.			MULTIPLE SUPPORT
UNIVERSITY OF RICHMOND 110 UR DRIVE RICHMOND, VA 23173-0008	** - ***5965	501(C)(3)	15,000.	0.			ANNUAL FUND
UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM STREET SUITE 128 COLUMBIA, SC 29208	** - ***1153	501(C)(3)	6,000.	0.			SCHOLARSHIPS
UPTOWN COLUMBUS, INC. P.O. BOX 1237 COLUMBUS, GA 31901	** - ***1594	501(C)(3)	125,000.	0.			MULTIPLE SUPPORT
VALLEY RESCUE MISSION, INC. 2903 2ND AVENUE COLUMBUS, GA 31904	** - ***8148	501(C)(3)	27,827.	0.			MULTIPLE SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990) **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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT WINSTON-SALEM, NC 27109-7227	**_***2138	501(C)(3)	11,000.	0.			MULTIPLE SUPPORT
WALKER AREA COMMUNITY FOUNDATION P.O. BOX 171 JASPER, AL 35502	**_***4984	501(C)(3)	25,000.	0.			GENERAL FUND
WASHINGTON AND LEE UNIVERSITY 204 W WASHINGTON STREET LEXINGTON, VA 24450	**_***5977	501(C)(3)	103,500.	0.			MULTIPLE SUPPORT
WAVERLY HALL UNITED METHODIST CHURCH - P.O. BOX 9 - WAVERLY HALL, GA 31831	**_***5853	501(C)(3)	7,000.	0.			MULTIPLE SUPPORT
WESLEY GLEN MINISTRIES, INC. 4580 N. MUMFORD RD. MACON, GA 31210	**_***0262	501(C)(3)	10,000.	0.			GENERAL DONATION
WESLEYAN COLLEGE 4760 FORSYTH RD MACON, GA 31210-4407	**_***3438	501(C)(3)	26,250.	0.			MULTIPLE SUPPORT
WOMEN'S INITIATIVE FOR LEARNING AND DISCOVERY CORP. (WILD) - 536 FRONT AVE - COLUMBUS, GA 31901-3119	**_***4736	501(C)(3)	60,000.	0.			MULTIPLE SUPPORT
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	**_***1132	501(C)(3)	15,000.	0.			GENERAL DONATION
WYNNBROOK BAPTIST CHURCH 500 RIVER KNOLL WAY COLUMBUS, GA 31904	**_***1245	501(C)(3)	28,099.	0.			WARRIOR ACADEMY

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
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(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
CLOTHES STORY EXHIBIT & ITALY TRIP	2	18,000.	0.		

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

2022

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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
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	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

-1589

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

[illegible]

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.

[illegible]

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

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

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	140	12,129,710	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE
CHATTAHOOCHEE VALLEY, INC.

Employer identification number

-*1589

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

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.

Form 8879-TE

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning OCT 1, 2022, and ending SEP 30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.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	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	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

2022 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

ERO firm name

45435

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2022 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 2022 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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized eFile (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CHRISTOPHER A. MILLER, CPA

Date

8-15-24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Form 990-T

EXTENDED TO AUGUST 15, 2024

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

OMB No. 1545-0047

2022

For calendar year 2022 or other tax year beginning OCT 1, 2022 and ending SEP 30, 2023

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

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

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF THE CHATTAHOOCHEE VALLEY, INC.	D Employer identification number **-***1589
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 1340 13TH STREET	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, GA 31901-2345	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 298,477,342.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 9941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) _____			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
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	
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	
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	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	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	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

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

OMB No. 1545-0047

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

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

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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

BETSY COVINGTON

- The books are in the care of ► **1340 13TH ST - COLUMBUS, GA 31901-2345**

Telephone No. ► **706-320-0027**

Fax No. ► _____

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

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**.

- 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.

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.

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		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
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 2023 estimated tax Refunded	11		

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

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
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	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other 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	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	CHRISTOPHER A. MILLER, CPA	<i>Christopher A. Miller</i>	8-15-24	
	Firm's name	Firm's EIN		PTIN
	ROBINSON, GRIMES & CO., P.C.	** - ***4304		P00189493
	Firm's address	Phone no.		
	P.O. BOX 4299 COLUMBUS, GA 31914	706-324-5435		