| | Form | 990 | | | | | | - | | - | _ | | OMB No. 1545-0047 | |
|--|---|--|------------------------------|---------------------------------|--------------------------------------|---------------------------------|---------------------------------|-------------------------------------|---|-------------------------------|---------------------------------------|-------------|---|-----------------|
| Form Return of Organization Exempt From Income Tax 2008 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 2008 | | | | | 2008 | _ | | | | | | | | |
| Department of the Treasury | | | | | | en to Public Inspect | tion | | | | | | | |
| into | | 2008 calendar | year, o | | ů. | | 13 | | 008, and endir | • • | 30 | | , 2009 | |
| В | | applicable: | ease use | | | | | | | | D Employ | er Iden | tification Number | |
| | | ress change IF | S label | COMMU | | | ON OF | CENTRA JR BLV | LGA, INC | · · · | | | 3465 | |
| | | - | see | | VIARTINI V, GA 3 | | | JK DLV | D #303 | | E Telepho | |)-9338 | |
| | | l | pecific nstruc- tions. | | | | | | | | 470 | -750 | J-9330 | |
| | | nded return | | | | | | | | | G Gross r | eceipts | \$ 36, 859, 84 | 8. |
| | Appl | | | | s of principal o | fficer: KA | THYRN | H. DENI | NI S | | a group retur | | | No |
| <u> </u> | Tay | S/ exempt status | | AS C A | | ncort no) | | 047(0)(1) 0 | r 527 | | l affiliates incl ' attach a list. | | nstructions) | No |
| <u> </u> | | | | GA. ORG | , , | nsert no.) | 2 | 1947(a)(1) o | 527 | H(c) Group | exemption n | Imber | G | |
| K | | | Corpor | | | Association | OtherG | | L Year of Forma | | | | legal domicile: GA | |
| Pa | art I | Summary | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | <u>OF_LIFE_FOR_</u> | |
| Governance | - | <u> THE PEOPLE</u> | <u>UF_</u> | | AL GEUR | <u>KGI A.</u> | | | | | | | | |
| erna | | | · | | | | | | | | | | | |
| Gov | | Check this box (lumber of voting | | | | | | | isposed of mo | | | ssets. 3 | 1 | 26 |
| ళ ల | | lumber of indep | | | | | | | | | | 4 | | 25 |
| Activities & | | otal number of | | | | | | | | | | 5 | | 7 |
| Acti | | otal number of otal gross unre | | - | | | | | | | | 6 7a | | <u>25</u> 0. |
| | | let unrelated bu | | | | | | | | | | 7b | | 0. |
| | | | | | | | | | | | Prior Year | | Current Year | |
| e | | contributions an | 0 | | | | | | | | 3, 383, 1 | 59. | 6, 111, 19 | 7. |
| Revenue | | Program service | | | | - | | | | | 1, 829, 5 | 08. | 777, 68 | 12. |
| В | |)ther revenue (I | | | | | | | | | 22, 1 | 38. | -16, 45 | 6. |
| | | otal revenue ' | | | | | | | | | <u>), 234, 8</u> | | 6, 872, 42 | |
| | | Grants and simil Benefits paid to | | | | - | | - | | | 7, 325, 9 | 24. | 5, 086, 05 | 6. |
| | | Salaries, other c | | | - | - | | | | | 360, 5 | 88. | 442, 40 | 0. |
| nses | | Professional fun | | | | - | | | - | | | | | |
| Expense | bТ | otal fundraising | j expei | nses (Pa | rt IX, colum | nn (D), line | e 25) G | | 188, 992. | | | | | |
| ш | 17 C | ther expenses | (Part I | IX, colum | ın (A), lines | s 11a-11d, | 11f-24f). | | | | 476, 8 | | 495, 52 | |
| | | otal expenses. | | | | | | | - | | <u>3, 163, 3</u> | | 6,023,97 | |
| - 8 | 19 F | Revenue less ex | pense | es. Subtra | act line 18 f | rom line 1 | 2 | | | 1 | 2,071,4 | | 848, 44 | 5. |
| lance | 20 T | otal assets (Pa | rtX li | ine 16) | | | | | | | nning of Y 5, 659, 5 | | End of Year 46, 156, 82 | 2 |
| Net Assets or Fund Balances | | otal liabilities (I | | | | | | | | | 4, 968, 4 | | 3, 961, 52 | |
| | | let assets or fu | | | ubtract line | 21 from li | ne 20 | | | . 50 | D, 691, 1 | 66. | 42, 195, 29 | <i>י</i> 5. |
| Pa | art II | Signature | | | | | | | | | | | | |
| | | Under penalties of true, correct, and | perjury, complete | , I declare t e. Declaration | hat I have example on of preparer | mined this ret (other than o | urn, includir fficer) is bas | ng accompanyir sed on all inform | ig schedules and s nation of which pre | tatements, ar parer has an | nd to the best y knowledge. | of my | knowledge and belief, it is | |
| Sig | gn | G | | | | | | | | | | | | |
| | Here Signature of officer Date | | | | | | | | | | | | | |
| | | G KATHYR | | | I S | | | | | PRES | I DENT | | | |
| | | i ype or print | iane di | ia nuc. | | | | | Date | | heck if | F | Preparer's identifying numb see instructions) | ber |
| Ра | | Proparor's | | | | | | | | S | neck ir elf- mployed G | | see instructions) | |
| Pre | 9- | Preparer's signature G | I | | | | | | | | | | N/A | |
| pa Us | rer's e | Firm's name (or yours if self- | | | I LLI AMS | & WYC | HE, LL | P | | | | | | |
| | Only employed G 915 HILL PARK EIN G N/A | | | | | | | | | | | | | |
| Max | | ZIP + 4 | MAC | | A 31201 | | 02 (coo i | netructione) | | F | Phone no. G | (47 | | lo |
| IVId | y ule IR | S discuss this r | eluili | with the | preparer sn | | e: (see li | isti uctions). | | | | | V 162 V | iU |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08 Form 990 (2008)

| Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC. | 58-2053465 | Page 2 |
|---|---|------------|
| Part III Statement of Program Service Accomplishments (see instructions) | | |
| 1 Briefly describe the organization's mission: <u>TO_ENHANCE_THE_QUALITY_OF_LIFE_FOR_THE_PEOPLE_OF_CENTRAL_GEORGI</u> | A | |
| | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? | · | No |
| If 'Yes,' describe these new services on Schedule O. | | Ι |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program service If 'Yes,' describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services to the second service of the organization. | | No No |
| and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported. | | |
| 4a (Code:) (Expenses \$ 5,262,815. including grants of \$ 5,086,056.) WE ARE A COMMUNITY FOUNDATION, OFFERING OUR DONORS THE OPPORTUNI LEGACY BY ESTABLISHING THEIR OWN CHARITABLE FUNDS OR TO SUPPORT THEY BELIEVE. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR CHARI PURPOSES, PRIMARILY FOR THE BENEFIT OF THE FIFTEEN COUNTIES COMP GEORGIA REGION. WE SUPPORT AREA NON-PROFITS THROUGH OUR RESPONS AREA STUDENTS THROUGH OUR SCHOLARSHIP PROGRAMS. | TY_TO_CREATE_A_LAS THE_CAUSES_IN_WHI TABLE PRISING_THE_CENTRAL | <u>CH</u> |
| 4 b (Code:) (Expenses \$ including grants of \$) | (Revenue \$ |)) |
| 4c (Code:) (Expenses \$ including grants of \$) | (Revenue \$ | |
| | | |
| 4 d Other program services. (Describe in Schedule O.) | | |
| (Expenses \$ including grants of \$) (Revenue 4 e Total program service expenses G \$ 5, 262, 815. (Must equal Part IX, Line 25, column (| | |
| $-\frac{1}{2}$ | <i>.</i> ,, | |

Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC.

| Par | t IV Checklist of Required Schedules | | | |
|-------------|--|------------|---------|--------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | Х | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | Х | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | 11 | Х | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | Х |
| k | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III. | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | Х |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | Х |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. | 22 | Х | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J. | 23 | | Х |
| 24 <i>a</i> | a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and | | | V |
| h | complete Schedule K. If 'No,'go to question 25 | 24a 24b | | Х |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| 0 | any tax-exempt bonds? | 24c 24d | | - |
| | a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 2.10 | | |
| | disqualified person during the year? If 'Yes,' complete Schedule L, Part I. | 25a | | Х |
| | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I. | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | . 000 | X |
| BAA | | Form | n 990 (| (2008) |

| 58-2053465 | |
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| Form 990 (| 2008) | COMMUNI TY | FOUNDATI ON | 0F | CENTRAL | GA, | I NC |
|------------|-------|----------------|---------------|----|------------|-----|------|
| Dort IV | Ch | ookligt of Dog | uirad Cabadul | 22 | (continued |) | |

| Pal | Checklist of Required Schedules (continued) | | | |
|-----|---|------|---------|----------|
| | | | Yes | No |
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| ć | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), | | | |
| | or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV. | 28a | | Х |
| | | 200 | | |
| I | b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV. | 28b | | Х |
| (| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 20 | Did the experimetion means then \$25,000 in new each contributions? If Wee's contribute Cabadula M | 20 | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | ~ | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| | | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. | 35 | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | х |
| BAA | | Form | n 990 (| (2008) |

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| Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC. | 58-2053465 | F | age 5 |
|---|----------------------|--------|--------|
| Part V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | | Yes | No |
| 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. | 15 | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportal (gambling) winnings to prize winners? | | c X | |
| 2 a 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. | 7 | | |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | b X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instr | uctions) | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | а | Х |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other auth financial account in a foreign country (such as a bank account, securities account, or other financial account | ority over, a | 2 | Х |
| b If 'Yes,' enter the name of the foreign country: G | 11(): | a | ~ |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | and | | |
| Financial Accounts. | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | а | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ?5 | b | Х |
| c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega Prohibited Tax Shelter Transaction? | arding | с | |
| 6 a Did the organization solicit any contributions that were not tax deductible? | 6 | а | Х |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or deductible? | r gifts were not | b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than | \$75?7 | а | Х |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec Form 8282? | quired to file | c | Х |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso benefit contract? | nal 7 | е | Х |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | f | Х |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | g | Х |
| h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C | | h | Х |
| 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the year? |)(3) tion, have 8 | | |
| 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| a Did the organization make any taxable distributions under section 4966? | | а | |
| b Did the organization make any distribution to a donor, donor advisor, or related person? | | b | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| 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 other members or shareholders | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | а | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| BAA | Fo | rm 990 | (2008) |

Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA INC Part VI

| (| 2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC. | 58-2053465 | Page 6 |
|---|--|----------------------|--------------|
| | Governance, Management and Disclosure (Sections A, B, and C requer required by the Internal Revenue Code.) | st information about | policies not |

| Section A. Governing Body and Management | | | |
|--|-----|-----|----|
| For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | Yes | No |
| 1 a Enter the number of voting members of the governing body. 1 a 26 b Enter the number of voting members that are independent. 1 b 25 | | | |
| | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?. | 2 | | Х |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 Did the organization make any significant changes to its organizational documents | 4 | | Х |
| since the prior Form 990 was filed? | | | |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Х |
| 6 Does the organization have members or stockholders? | 6 | | Х |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | Х |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Х |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Х | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9a Does the organization have local chapters, branches, or affiliates? | 9a | Х | |
| b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | Х | |
| 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990SEE. SCHEDULE0 | 10 | Х | |
| 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 11 | | Х |
| Section B. Policies | | | |
| - | | Yes | No |
| 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | Х | |

| Iz a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | ^ | |
|--|-----|---|---|
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEE. SCHEDULE. O | 12c | х | |
| 13 Does the organization have a written whistleblower policy? | 13 | Х | |
| 14 Does the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| a The organization's CEO, Executive Director, or top management official? | 15a | Х | |
| b Other officers of key employees of the organization? SEE SCHEDULE 0 | 15b | | Х |
| Describe the process in Schedule O. (see instructions) | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable | | | |
| entity during the year? | 16a | | Х |
| b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Section C. Disclosures | | | |

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

| 18 | Section 6104 requires an organi | zation to make its Forms | 1023 (| or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public |
|----|---------------------------------|--------------------------|--------|---|
| | inspection. Indicate how you ma | | | |
| | Own website | Another's website | Х | Upon request |

GA

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE 019

| 20 | State the name, | physical addr | ess, and tele | ephone numb | er of the perso | n who possesses | the books and | I records of the organi | zation: |
|----|-----------------|---------------|---------------|-------------|-----------------|-----------------|---------------|-------------------------|---------|
| (| GHARRIET W | HAMI LTON | 277 MLK | JR BLVD | STE 303, | MACON GA | 31201 4 | 478-750-9338 | |

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

? List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.

? List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| Check this box if the organization did | | | Iy U | | | liector | , uu | | | |
|--|------------------------------|--------------------------------------|----------------|---|------------------|--|-----------|--|---|--|
| (A) | (B) | _ | | • | c) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Po Indivídual trustee or director | tional trustee | | all Key employee | ap Highest compensated hat employee | y) Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| HARVIE A WALKER | | | | | | ed | | | | |
| BOARD MEMBER | 1 | х | | | | | | 0. | 0. | 0 |
| CAMILLE HOPE | 1 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| T ALFRED SAMS, JR | | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1 | х | | | | | | 0. | 0. | 0. |
| GEORGE E YOUMANS JR | • | | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| J MARC ALBERTSON | | | | | | | | | | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| BILLY PITTS | | | | | | | | | | · · · · |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| WILLIAM M MATTHEWS | | | | | | | | | | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| NANCY B ANDERSON | | | | | | | | | | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| MELVIN KRUGER | | | | | | | | | | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| CHRIS R SHERIDAN, JR | | | | | | | | | | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| JUANI TA_T_JORDAN | | | | | | | | _ | _ | _ |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| ALBERT_BILLINGSLEA | | v | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| BERTRAM MAXWELL III | | v | | v | | | | 0. | 0 | 0 |
| J RUSSELL LI PFORD, JR | 2 | Х | | Х | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| HERBERT M PONDER JR | 1 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| G BOONE SMITH, III | | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| STARR H PURDUE | | ~ | | | | | | 0. | 0. | 0. |
| SECRETARY | 1 | Х | | Х | | | | 0. | 0. | 0. |
| BAA | | | | | - 04 | 124/00 | | 01 | 01 | Eorm 000 (2008) |

| Form 990 (2008) COMMUNITY FOUNDATION OF C | <u>ENTR</u> | ۱L | GA, | | NC | | | | 58-205346 | 5 | Page 8 |
|---|-------------------|----------------|-----------------------|---------|--------------|---------------------|-------|-------------------------------------|---|--------|-------------------------|
| Part VII Section A. Officers, Directors, Trus | tees, I | Key | ' En | npl | oye | ees, | ar | nd Highest Co | mpensated Emp | oloyee | s (cont.) |
| (A) | (B) | | | (0 | c) | | | (D) | (E) | | (F) |
| Name and Title | Average hours | | | check | k all t | hat ap | oply) | Reportable compensation from | Reportable compensation from | Es | timated nt of other |
| | hours per week | Ind or c | Inst | Officer | Kej | Highest employe | For | the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | com | pensation |
| | | ividu direc | Institutional trustee | icer | Key employee | hest plov | mer | (W-2/1099-MISC) | (W-2/1099-MISC) | orga | om the anization |
| | | ual ti ctor | ona | | lblo | ee | | | | año | d related inizations |
| | | ruste | l tru | | /ee | st compensat vee | | | | 3 | |
| | | ě | stee | | | nsat | | | | i. | |
| | | | | | | đ | | | | l. | |
| MARY COMER | | | | | | | | | | | |
| BOARD MEMBER | 1 | х | | | | | | 0. | 0. | i. | 0. |
| MALCOLM S BURGESS, JR. | 1 | ~ | | | | | | 0. | 0. | | 0. |
| CHAI RMAN | 2 | х | | Х | | | | 0. | 0. | l. | 0. |
| SI DNEY E MI DDLEBROOKS | ~ | ^ | | ^ | | | | 0. | 0. | | 0. |
| | 1 | v | | | | | | 0 | 0 | i. | 0 |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | | 0. |
| F_TREDWAY_SHURLING | | | | | | | | 0 | | l. | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | | 0. |
| PATRICIA W BASS | | | | | | | | | _ | l. | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | | 0. |
| SWAN SEWELL | | | | | | | | | | i. | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | | 0. |
| J_JOSEPH_EDWARDS | | | | | | | | | | l. | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | | 0. |
| THOMAS_W_GLASGOW, JR | | | | | | | | | | | |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | l. | 0. |
| HARRIET W HAMILTON | | | | | | | | | | | |
| CF0 | 40 | | | Х | | | | 91, 331. | 0. | | 14, 658. |
| KATHRYN H_DENNIS | | | | | | | | | | | |
| PRES & BD MEMB | 40 | Х | | Х | | | | 129, 991. | 0. | | 17, 342. |
| | | | | | | | | · | | | <u> </u> |
| | | | | | | | | | | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | l. | |
| 1 b Total | | | | | | (| G | 221, 322. | 0. | | 32,000. |
| 2 Total number of individuals (including those in 1a) w | | | | | | | ,000 | 0 in reportable cor | npensation from the | 3 | |
| organization G 1 | | | | | | | | | | | |
| | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, director of | or truste | o ki | | mnl | NO | o or | hia | hest compensater | amployee | | |
| on line 1a? If 'Yes,' complete Schedule J for such in | | | | | | | | | | . 3 | Х |
| 4 For any individual listed on line 1a, is the sum of rep | ortable | com | pen | sati | on a | and c | othe | r compensation fro | om | | |
| the organization and related organizations greater th individual | ian \$150 | 0,000 |)? If | 'Ye | es' c | ompl | lete | Schedule J for su | ch | . 4 | Х |
| | | | | | | | | | | . 4 | |
| 5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sch | mpensa | ation | fror | m ai | ny u | inrela | ated | l organization for s | services | . 5 | Х |
| Section B. Independent Contractors | cuule J | 101 3 | Such | i pci | 3011 | | | | | . 5 | Λ |
| 1 Complete this table for your five highest compensate | ed indep | ende | ent o | cont | ract | ors t | hat | received more that | an \$100,000 of | | |
| compensation from the organization. | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | (0 | 2) |
| Name and business address Description of Services | | | | | | | | | Compe | | |
| NONE , | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including t | hose in | 1) w | /ho r | rece | eivec | d moi | re th | han \$100,000 in | | | |
| compensation from the organization G 0 | | | | | | | | | | | |

Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC. Part VIII Statement of Revenue

58-2053465

Page 9

| Pa | rt VIII Statement of Revenue | | | | 1 |
|---|---|----------------------|--|---|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 6, 686. d Related organizations 1d e Government grants (contributions) 1e 180, 216. f All other contributions, gifts, grants, and similar amounts not included above 1f 5, 924, 295. | | | | |
| AND | g Noncash contribns included in Ins 1a-1f: \$ 484, 630. h Total. Add lines 1a-1f | 6, 111, 197. | | | |
| | Business Code | 0, 111, 197. | | | |
| PROGRAM SERVICE REVENUE | 2a <u>NONE</u> | | | | |
| СЕВ | b | | | | |
| ERVI | d | | | | |
| M SI | | | | | |
| GRA | f All other program service revenue | | | | |
| PRO | g Total. Add lines 2a-2f G | | | | |
| | Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. G | 1, 544, 344. | | | 1, 544, 344. |
| | 5 RoyaltiesG | | | | |
| | 6a Gross Rents | | | | |
| | b Less: rental expenses. | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss)G | | | | |
| | 7 a Gross amount from sales of assets other than inventory. (i) Securities (ii) Other 29204307. | | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | -766, 662. | | | -766, 662. |
| | 5 () | -700,002. | | | -700,002. |
| OTHER REVENUE | 8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). | | | | |
| 2 RE | See Part IV, line 18a | | | | |
| THEF | b Less: direct expenses b 16, 456. | | | | |
| 0 | c Net income or (loss) from fundraising eventsG | -16, 456. | | | -16, 456. |
| | 9a Gross income from gaming activities. See Part IV, line 19a | | | | |
| | b Less: direct expenses b | | | | |
| | c Net income or (loss) from gaming activitiesG | | | | |
| | 10a Gross sales of inventory, less returns and allowancesa | | | | |
| | b Less: cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | b | | | | |
| | | | | | 1 |
| | c d All other revenue | | | | 1 |
| | e Total. Add lines 11a-11d. | | | | |
| | 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, | | | | |
| | 10c, and 11e | 6, 872, 423. | 0. | 0. | 761, 226. |

Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----|--|---------------------------------------|------------------------|-----------------------|--------------------|
| 1 | | | expenses | general expenses | expenses |
| | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 5, 011, 606. | 5, 011, 606. | | i. |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 74, 450. | 74, 450. | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 225, 000. | 60, 750. | 90, 000. | 74, 250. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B). | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 130, 717. | 42, 700. | 62, 117. | 25, 900. |
| 8 | Pension plan contributions (include section | | , | 0=7 | 201700 |
| 8 | 401(k) and section 403(b) employer contributions). | 28, 107. | 8, 145. | 12,077. | 7,885. |
| 9 | Other employee benefits | 34, 229. | 9, 918. | 14, 708. | 9,603. |
| 10 | Payroll taxes | 24, 347. | 7,055. | 10, 462. | 6, 830. |
| 11 | Fees for services (non-employees). | | 1 | | |
| | a Management | | | | |
| | b Legal | 10, 484. | 2, 880. | 5, 683. | 1, 921. |
| | c Accounting | 14, 220. | 3, 906. | 7, 709. | 2,605. |
| | Lobbying. | , | | ., | |
| | e Prof fundraising svcs. See Part IV, In 17 | | | | |
| | Investment management fees. | 285, 316. | | 285, 316. | |
| | g Other. | 200,010. | | 200,010. | |
| | Advertising and promotion. | | | | |
| 13 | Office expenses | 31, 811. | 9, 543. | 15, 905. | 6, 363. |
| 14 | Information technology. | 36, 081. | 10, 824. | 18, 041. | 7, 216. |
| 15 | Royalties | | | | ., |
| 16 | Occupancy | 20, 279. | 6,084. | 10, 139. | 4,056. |
| 17 | Travel | 6, 453. | 1, 936. | 3, 226. | 1, 291. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | ., | | |
| 19 | Conferences, conventions, and meetings | 1, 475. | 442. | 738. | 295. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 28, 712. | 8, 614. | 14, 356. | 5,742. |
| 23 | Insurance | 8,347. | 274. | 7,807. | 266. |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.). | | | | |
| 2 | a COMMUNI CATI ONS | 23, 300. | | | 23, 300. |
| | DUES & PUBLICATIONS | 12, 293. | 3, 688. | 6, 146. | 2, 459. |
| C | DONAR DEVELOPMENT | 9, 010. | | | 9, 010. |
| | PROPERTY TAX | 7, 741. | | 7,741. | |
| e | · | · · · · · · · · · · · · · · · · · · · | | | |
| | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 6, 023, 978. | 5, 262, 815. | 572, 171. | 188, 992. |
| 26 | | | | | <u></u> |

Form 990 (2008)

Form 990 (2008) COMMUNITY FOUNDATION OF CENTRAL GA, INC. Part X Balance Sheet

| 58-2053465 |
|------------|
|------------|

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3b

Form 990 (2008)

| 1 G | uιλ | Dalarice Sheet | | | (A) Beginning of year | | (B) End of year | |
|---|------------|---|----------|-----------------------|---------------------------|-------|--------------------|--|
| | 1 | Cook L. was interest baseling | | | 37, 067. | 1 | 4, 948. | |
| | | Cash ' non-interest-bearing | | - | 8, 771, 342. | 1 | 6, 259, 628. | |
| | 2 | Savings and temporary cash investments. | | | 0, 771, 342. | 2 | 0,239,020. | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | |
| | 4 | Receivables from current and former officers, directors | | | | 4 | | |
| | 5 | or other related parties. Complete Part II of Schedule | L | | | 5 | | |
| | 6 | Receivables from other disqualified persons (as define | | | | | | |
| А | | and persons described in section 4958(c)(3)(B). Comp | | | | 6 | | |
| A S E T S | 7 | Notes and loans receivable, net | | | | 7 | | |
| Ĕ | 8 | Inventories for sale or use | | | | 8 | | |
| Ś | 9 | Prepaid expenses and deferred charges. | | | 25, 133. | 9 | 12, 166. | |
| | 10a | Land, buildings, and equipment: cost basis | 10 a | 233, 752. | | | | |
| | b | Less: accumulated depreciation. Complete Part VI of | | | | | | |
| | | Schedule D. | 10 b | 105, 120. | 116, 491. | 10c | 128, 632. | |
| | 11 | Investments ' publicly-traded securities | | | 35, 655, 363. | 11 | 30, 617, 670. | |
| | 12 | Investments ' other securities. See Part IV, line 11 | | | | 12 | | |
| | 13 | Investments ' program-related. See Part IV, line 11 | | | | 13 | | |
| | 14 | Intangible assets. | | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 11, 054, 172. | 15 | 9, 133, 778. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 84) | | 55, 659, 568. | 16 | 46, 156, 822. | |
| | 17 | Accounts payable and accrued expenses | | | 2, 043. | 17 | 6, 448. | |
| | 18 | Grants payable | | 18 | 389, 000. | | | |
| | 19 | Deferred revenue | | | 19 | | | |
| L | 20 | Tax-exempt bond liabilities. | | | | 20 | | |
| A B | 21 | Escrow account liability. Complete Part IV of Schedule | D | | | 21 | | |
| l L | 22 | Payables to current and former officers, directors, trus | tees, ke | y employees, | | | | |
| Ť | | highest compensated employees, and disqualified pers | | | | | | |
| I E | | of Schedule L | | | 22 | | | |
| S | 23 | Secured mortgages and notes payable to unrelated thi | | - | | 23 | | |
| | 24 | Unsecured notes and loans payable. | | | 4 0// 250 | 24 | 2 5// 070 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 4,966,359. | 25 | 3, 566, 079. | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4, 968, 402. | 26 | 3, 961, 527. | |
| N E T | | Organizations that follow SFAS 117, check here G | X and | complete lines | | | | |
| | | 27 through 29 and lines 33 and 34. | | | 4/ / 20 1/ 2 | | | |
| AS SE | 27 | Unrestricted net assets | | | 46, 632, 163. | 27 | 38, 920, 532. | |
| E T S | 28 | Temporarily restricted net assets | | | 3, 943, 909. | 28 | 3, 159, 669. | |
| 0 R | 29 | Permanently restricted net assets | | | 115, 094. | 29 | 115, 094. | |
| | | Organizations that do not follow SFAS 117, check here | e G | and complete | | | | |
| F U N | | lines 30 through 34. | | | | 0.0 | | |
| D | 30 | Capital stock or trust principal, or current funds | | | | 30 | | |
| BALANCES | 31 | Paid-in or capital surplus, or land, building, and equipr | | | | 31 | | |
| Ā | 32 | Retained earnings, endowment, accumulated income, | | | FO (01 1// | 32 | 42 105 205 | |
| CE | 33 | Total net assets or fund balances. | | - | 50, 691, 166. | 33 | 42, 195, 295. | |
| _ | 34 | Total liabilities and net assets/fund balances. | | | 55, 659, 568. | 34 | 46, 156, 822. | |
| Pa | irt X | Financial Statements and Reporting | | | | | No. No. | |
| - | A - | | | | Others | | Yes No | |
| 1 | | counting method used to prepare the Form 990: | | | Other | | | |
| | | re the organization's financial statements compiled or r | | | | | | |
| b Were the organization's financial statements audited by an independent accountant? | | | | | | | | |
| c If 'Yes' to 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? | | | | | | | | |
| 3 | a As Au | a result of a federal award, was the organization requir dit Act and OMB Circular A-133? | ed to un | dergo an audit or aud | its as set forth in the S | ingle | За Х | |

b If 'Yes,' did the organization undergo the required audit or audits?.

BAA

| | | | | | | | | | OMB No. 1545-0047 | | |
|--|---|--|---------------------------------|--|---|---|-------------------------|---|--------------------------------------|--|--|
| SCHEDULE A (Form 990 or 990-EZ) | Public | Charity Status | and P | ublic | Supp | oort | | | 2008 | | |
| | To be completed | by all section 501 (c)(3) nonexempt char | organiza itable tru | ations ar ists. | nd sectio | on 4947 | (a)(1) | | Open to Public | | |
| Department of the Treasury Internal Revenue Service | G Attach to | Form 990 or Form 990-E | EZ. G See | e separa | te instru | actions. | | | Inspection | | |
| Name of the organization | | | | | | | | | ion number | | |
| | DATION OF CENTRAL | | - mariat | aamaal | oto the | o nort | | 053465 | | | |
| | or Public Charity Statu a private foundation becau | · · · | | | | s part | .) (see | Instruc | clions) | | |
| <u> </u> | a private roundation becau | | 5 | • | | ι)(Δ)(i) | | | | | |
| | cribed in section 170(b)(1)(| | | 500000 | 170(0)(| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | cooperative hospital service | | | n 170(b) | (1)(A)(ii | i). (Atta | ach Sche | edule H.) | | | |
| 4 A medical res | earch organization operate | d in conjunction with a h | ospital d | escribed | in secti | on 170 | (b)(1)(A) | (iii). Ent∈ | er the hospital's | | |
| name, city, a | | | | | | | | | | | |
| └── 170(b)(1)(A)(i | ☐ 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 7 An organizati in section 170 | in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | |
| 8 X A community | trust described in section 1 | 70(b)(1)(A)(vi). (Complet | e Part II | .) | | | | | | | |
| from activities investment in | 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.) | | | | | | | | | | |
| | on organized and operated | | blic safe | ty. See : | section | 509(a)(4 | 4). (see | instructio | ons) | | |
| more publicly | An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | |
| аТуре I | b Type II | с 🗌 Туре II | II' Fund | tionally | integrat | ed | | d | Type III' Other | | |
| e By checking t than foundati 509(a)(2). | his box, I certify that the or on managers and other that | ganization is not controll n one or more publicly su | ed direct | ly or ind organiza | irectly b ations de | y one o escribeo | r more o d in sect | disqualifi ion 509(a | ed persons other a)(1) or section | | |
| | ation received a written det x | | | | Type II o | or Type | III supp | orting or | ganization, | | |
| g Since August | 17, 2006, has the organiza | tion accepted any gift or | r contribu | ution from | m any of | f the fol | lowing p | ersons? | r | | |
| (i) a perso | n who directly or indirectly | controls of the alone or t | ogothor | with nor | cons dos | cribod | in (ii) ar | nd (iii) | Yes No | | |
| below, t | n who directly or indirectly on he governing body of the s | upported organization? | ····· | | | | | | 11g (i) | | |
| | member of a person desc | | | | | | | | <u> </u> | | |
| | controlled entity of a person | | | | | | | | 11g (iii) | | |
| | bllowing information about t | | 1 | | 1 | | | | (| | |
| (i) Name of Support Organization | ed (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) listed gove | Is the ion in col. I in your rning ment? | (v) Did y the organ col. your su | ization in (i) of | organizat (i) organi | s the ion in col. zed in the S.? | (vii) Amount of Support | | |
| | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 COMMUNITY FOUNDATION OF CENTRAL GA, INC. 58-2053465

Page 2

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.)

| Sec | tion A. Public Support | | | | | | |
|--------------|--|---|---|--------------------------------------|---|--|---------------|
| | ndar year (or fiscal year nning in) G | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | 7, 106, 036. | 11350870. | 12697637. | 8, 383, 159. | 6, 111, 197. | 45, 648, 899. |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | 0. |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | 0. |
| 4 | Total. Add lines 1-3 | 7, 106, 036. | 11350870. | 12697637. | 8, 383, 159. | 6, 111, 197. | 45, 648, 899. |
| 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) | | | | | | 2, 511, 721. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 43, 137, 178. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) G | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | 7, 106, 036. | 11350870. | 12697637. | 8, 383, 159. | 6, 111, 197. | 45, 648, 899. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 490, 057. | 734, 664. | 1, 053, 969. | 1, 099, 174. | 1, 544, 344. | 4, 922, 208. |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.). SEE . PART . I.V | 55, 060. | 2, 050. | 4, 407. | 22, 138. | -16, 456. | 67, 199. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 50, 638, 306. |
| 12 | Gross receipts from related activ | vities, etc. (see inst | tructions) | | | | 0. |
| 13 | First five years. If the Form 990 organization, check this box and | | | | | | |
| Sec | tion C. Computation of Pu | | | | | | |
| 14 | Public support percentage for 20 | | <u>u</u> | e 11, column (f) | | | 85.2% |
| 15 | Public support percentage for 20 | 07 Schedule A, Pa | art IV-A, line 26f. | | | | 45.5% |
| 16 <i>a</i> | 33-1/3 support test ' 2008. If the and stop here. The organization | e organization did r qualifies as a pub! | not check the box licly supported or | on line 13, and t ganization | the line 14 is 33-1 | /3 % or more, che | ck this box |
| k | 33-1/3 support test ' 2007. If the and stop here. The organization | organization did r qualifies as a publ | not check a box o licly supported or | n line 13, or 16a, ganization | and line 15 is 33- | 1/3% or more, che | eck this box |
| 17 <i>a</i> | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-ar | nd-circumstances | ' test, check this I | pox and stop here | . Explain in Part I | V how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-ar d-circumstances' t | nd-circumstances test. The organiz | test, check this lation qualifies as | box and stop here a publicly support | e. Explain in Part I ted organization | V how the |
| 18 | Private foundation. If the organize | zation did not chec | k a hox on line 1 | 13 16a 16h 17a | or 17h check this | s hox and see inst | ructions G |

Schedule A (Form 990 or 990-EZ) 2008

BAA

Schedule A (Form 990 or 990-EZ) 2008 COMMUNITY FOUNDATION OF CENTRAL GA, INC. 58-2053465

Page 3

| o on o a ano 1 | |
|----------------|---|
| Part III | Support Schedule for Organizations Described in Section 509(a)(2) |
| | (Complete only if you checked the box on line 9 of Part I.) |
| Section | A Public Support |

| Sec | tion A. Public Support | | | | | | | |
|-----|---|--|-------------------------------------|--|---|----------------------------|------------|-------------|
| | ndar year (or fiscal yr beginning in)G | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | 8 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | | | | | | | |
| | Gross receipts from | | | | | | | |
| | admissions, merchandise sold or services performed, or | | | | | | | |
| | facilities furnished in a activity | | | | | | | |
| | that is related to the organization's tax-exempt | | | | | | | |
| 2 | 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 | | | | | | | |
| 4 | Total. Add lines 1-5 | | | | | | | |
| | Amounts included on lines 1, | | | | | | | |
| , | 2, 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than | | | | | | | |
| | disqualified persons that | | | | | | | |
| | exceed the greater of 1% of the total of lines 9, 10c, 11, | | | | | | | |
| | and 12 for the year or \$5,000 | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | |
| 8 | Public support (Subtract line | | | | | | | |
| | 7c from line 6.) | | | | | | | |
| | tion B. Total Support | rr | | | 1 | | | |
| | ndar year (or fiscal yr beginning in) G | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | 8 | (f) Total |
| | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received | | | | | | | |
| | on securities loans, rents, | | | | | | | |
| | royalties and income form similar sources | | | | | | | |
| b | Unrelated business taxable | | | | | | | |
| | income (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b. | | | | | | | |
| 11 | Net income from unrelated business activities not included inline 10b, | | | | | | | |
| | whether or not the business is | | | | | | | |
| 12 | regularly carried on Other income. Do not include | | | | | | | |
| 12 | capital assets (Explain in Part IV.) | | | | | | | |
| 13 | Total support. (add Ins 9, 10c, 11, and 12.) | | | | | | | |
| | First five years. If the Form 990 i organization, check this box and | s for the organizat | ion's first, second | I, third, fourth, or | fifth tax year as a | a section 50 [°] | 1(c)(3) | |
| | | | | | | | | G |
| | tion C. Computation of Pu | | 0 | 10 1 (0) | | 1 | 45 | |
| | Public support percentage for 200 | | | | | - | 15 | % |
| | Public support percentage from 2 tion D. Computation of Inv | | | | | | 16 | % |
| | Investment income percentage for | | 0 | | (f) | 1 | 17 | % |
| | Investment income percentage fr | | | 5 | | - | 18 | <u> </u> |
| | 33-1/3 support tests ' 2008. If th | | | | | | | |
| | more than 33-1/3%, check this be 33-1/3 support tests ' 2007. If th | ox and stop here. le organization did | The organization not check a box of | qualifies as a pub on line 14 or 19a, | licly supported or and line 16 is mo | ganization re than 33-1 | /3%, a | and line 18 |
| | is not more than 33-1/3%, check | this box and stop | here. The organiz | ation qualifies as | a publicly suppor | ted organiza | ition | G |
| 20 | Private foundation. If the organiz | ation did not chec | k a box on line 14 | l, 19a, or 19b, ch | eck this box and s | ee instructio | ns | G |

| 2008 5 | SCHEDULE A | A, PART IV | / - SUPPL | EMENTAL | INFORMATI | ON PAGE 5 |
|--------------------------------|----------------------|----------------------------------|-----------------------------|------------------------------|-----------------------------|----------------------|
| CLIENT 053465 | COMN | UNITY FOUN | DATION OF (| CENTRAL GA, I | NC. | 58-2053465 |
| 2/03/10 | | | | | | 10:01AM |
| PART II, LINE 10 | - OTHER INCOM | IE | | | | |
| NATURE AND SO | URCE | 2008 | 2007 | 2006 | 2005 | 2004 |
| RENTAL INCOME SPECIAL EVENT | S TOTAL <u>\$</u> | <u>-16, 456.</u> -16, 456. \$ | <u>22, 138.</u> 22, 138. | <u>4, 407.</u> \$ 4, 407. | 2, 050. <u>\$2, 050.</u> | 55,060. \$55,060. |
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| SCHEDULE [(Form 990) | | plemental Financial State | ments | ŀ | OMB No. 1545-0047 |
|--|--|---|--|-----------------------------|--|
| Department of the Tre Internal Revenue Serv | answered | to Form 990. To be completed by organi. 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9 | zations that 9, 10, 11, or 12. | | Open to Public Inspection |
| Name of the organization COMMUNITY | ^{ion} FOUNDATION OF CENTRAL | GA, INC. | | Employer Ide | ntification number 3465 |
| Part I Orga | nizations Maintaining Don | or Advised Funds or Other Sim to Form 990, Part IV, line 6. | ilar Funds or Ac | | |
| | gamzation answered Tes | (a) Donor advised funds | (b) F | unds and of | ther accounts |
| 1 Total numb | er at end of year | | 77 | | 4 |
| | contributions to (during year) | | | | 437, 665. |
| | grants from (during year) | | | | 5,000. |
| 4 Aggregate | value at end of year | . 17, 487, | , 150. | | 565, 321. |
| 5 Did the org funds are t | anization inform all donors and do ne organization's property, subjec | nor advisors in writing that the assets he to the organization's exclusive legal cor | eld in donor advised | X | Yes No |
| 6 Did the org used only f impermissi | anization inform all grantees, don or charitable purposes and not for ole private benefit?? | ors, and donor advisors in writing that gr the benefit of the donor or donor adviso | ant funds may be r or other | X | Yes No |
| Part II Cons | ervation Easements Com | lete if the organization answere | d 'Yes' to Form 9 | | |
| 1 Purpose(s) | of conservation easements held l | by the organization (check all that apply). | | | |
| Preser | vation of land for public use (e.g., | recreation or pleasure) | rvation of an historica | ally importar | nt land area |
| Protect | ion of natural habitat | Prese | ervation of certified his | storic structu | ure |
| | vation of open space | | | | |
| 2 Complete I of the tax y | | a qualified conservation contribution in t | he form of a conserv | ation easem | ent on the last day |
| | | | | Held at the | e End of the Year |
| | | | | | |
| | | ements | | | |
| | | ified historic structure included in (a) | | | |
| | | in (c) acquired after 8/17/06 | | anization du | ring the taxable |
| | | , transferreu, releaseu, extiliguistieu, or | terminated by the org | | |
| | | onservation easement is located G | | | |
| 5 Does the o enforcement | ganization have a written policy r It of the conservation easement if | egarding the periodic monitoring, inspect holds? | ion, violations, and | | Yes No |
| | | g, inspecting, and enforcing easements | ° ' – | | _ |
| | | nspecting, and enforcing easements dur | | | <u> </u> |
| 170(h)(4)(E |)(i) and 170(h)(4)(B)(ii)? | on line 2(d) above satisfy the requiremen | | | Yes No |
| include, if a | , describe how the organization re pplicable, the text of the footnote n easements. | ports conservation easements in its reve to the organization's financial statement | enue and expense sta s that describes the c | tement, and organization | I balance sheet, and s accounting for |
| Part III Orga Com | nizations Maintaining Col plete if the organization ar | lections of Art, Historical Treas swered 'Yes' to Form 990, Part | ures, or Other Si IV, line 8. | milar Ass | sets |
| treasures, | ization elected, as permitted und- or other similar assets held for pu he footnote to its financial statem | er SFAS 116, not to report in its revenue olic exhibition, education, or research in ents that describes these items. | statement and balan furtherance of public | ce sheet wo service, pro | rks of art, historical vide, in Part XIV, |
| treasures, | ization elected, as permitted undor or other similar assets held for pu lating to these items: | er SFAS 116, not to report in its revenue blic exhibition, education, or research in | statement and balan furtherance of public | ce sheet wo service, pro | rks of art, historical vide the following |
| (i) Revenu | es included in Form 990, Part VII | , line 1 | | G\$ | |
| | | | | | |
| amounts re | quired to be reported under SFAS | 0 | | | the following |
| a Revenues i | ncluded in Form 990, Part VIII, lir | e 1 | | G\$ | |
| b Assets incl | Jaed in Form 990, Part X | | | G\$ | |

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Schedule D (Form 990) 2008

| | NITY FOUNDAT | | | | 58-205 | | Page 2 |
|---|-----------------------|--------------------------------|-----------|------------------------------|----------------------------|--------------|-----------------|
| Part III Organizations Maintai | ining Collection | s of Art, Hist | orical | Treasures, c | or Other Similar As | sets (cor | ntinued) |
| 3 Using the organization's accession that apply): | n and other records, | | | | nificant use of its colled | tion items (| check all |
| a Public exhibition | | | | ange programs | | | |
| b Scholarly research | | e Other | | | | | |
| c Preservation for future genera | | | | | | | |
| 4 Provide a description of the organ Part XIV. 5 During the year, did the organization | | | 5 | 0 | | : in | |
| 5 During the year, did the organizati assets to be sold to raise funds ra | ither than to be mair | itained as part o | f the org | ganization's colle | ection? | Yes | No |
| Part IV Trust, Escrow and Cu | stodial Arrange | ments Comp | lete if | organization | answered 'Yes' to | Form 990 | J, Part |
| IV, line 9, or reported | an amount on F | orm 990, Par | rt X, lir | ne 21. | | | |
| 1 a Is the organization an agent, trust included on Form 990, Part X? | | | | | er assets not | Yes | No |
| b If 'Yes,' explain the arrangement i | n Part XIV and com | plete the following | ng table: | : | | | |
| | | | | | | Amount | |
| c Beginning balance | | | | | | | |
| d Additions during the year | | | | | | | |
| e Distributions during the year | | | | | | | |
| f Ending balance | | | | | | <u> </u> | <u> </u> |
| 2 a Did the organization include an ar | | Part X, line 21?. | | | | Yes | No |
| b If 'Yes,' explain the arrangement i | | ation onouro | rod V/ | aal ta Carma O | 100 Dart IV/ line 1 | | |
| Part V Endowment Funds Con | - I | | | | | | <u> </u> |
| | (a) Current year | (b) Prior yea | r | (c) Two years back | (d) Three years back | (e) Four | years back |
| 1 a Beginning of year balance | 43,049,546. | | | | | | |
| b Contributions. | 4,019,321. | | | | | | |
| c Investment earnings or losses. | -8, 314, 905. | | | | | | |
| d Grants or scholarships | -2, 134, 731. | | | | | | |
| e Other expenditures for facilities and programs | -41,603. | | | | | | |
| f Administrative expenses | -324, 424. | | | | | | |
| g End of year balance | 36, 253, 203. | | | | | | |
| 2 Provide the estimated percentage | | ance held as: | | | | - | |
| a Board designated or quasi-endow | ment G | % | | | | | |
| b Permanent endowment G | 1.00% | | | | | | |
| c Term endowment G 99 | . 00 % | | | | | | |
| 3 a Are there endowment funds not in organization by: | the possession of t | ne organization | that are | held and admin | istered for the | Ye | es No |
| (i) unrelated organizations | | | | | | . 3a(i) | X |
| (ii) related organizations | | | | | | | Х |
| b If 'Yes' to 3a(ii), are the related or | ganizations listed as | s required on Sc | hedule F | ₹? | | | Х |
| 4 Describe in Part XIV the intended | - | | | | | | |
| Part VI Investments' Land, B | uildings, and Ec | quipment. Se | e Forr | n 990, Part X | K, line 10. | | |
| Description of investment | | t or other basis nvestment) | | Cost or other sis (other) | (c) Depreciation | (d) Book | < Value |
| 1 a Land | | | | | | | |
| b Buildings | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | | | | 4.5 | | |
| e Other | | | | 233, 752. | 105, 120. | | <u>28, 632.</u> |
| Total. Add lines 1a-1e (Column (d) shou | uld equal Form 990, | Part X, column (| (B), line | 10(c).) | G | <u> </u> | 28, 632. |

BAA

Schedule D (Form 990) 2008

| Schedule D (Form 990) 2008 COMMUNI TY FOUNDATI | | | 58-205 | 3465 Page 3 |
|--|---------------------------------------|------------|---|---------------------------------|
| Part VII Investments' Other Securities See Fo | orm 990, Part X, lir | ne 12. N/A | | |
| (a) Description of security or category (including name of security) | (b) Book value | Cos | (c) Method of valuat t or end-of-year mark | |
| Financial derivatives and other financial products | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| | | | | |
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| | | | | |
| Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) G | | | | |
| Part VIII Investments' Program Related (See | Form 990, Part X, I | line 13) N | /A | |
| (a) Description of investment type | (b) Book value | _ | (c) Method of valuat | |
| | | Cos | st or end-of-year mark | et value |
| | | | | |
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| | | | | |
| Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) G | line 15) | | | |
| Part IX Other Assets (See Form 990, Part X, | | | | |
| ASSETS HELD IN SPLIT INTEREST AGREEME | scription | | | (b) Book value |
| COLLECTIONS | | | | 5, 580, 762. |
| CONTRIBUTIONS RECEIVABLE | | | | <u>12, 000.</u> 1, 138, 622. |
| INTEREST & DI VI DENDS RECEI VABLE | | | | 63, 494. |
| PROPERTY HELD FOR RESALE | | | | 2, 338, 900. |
| PROPERTY HELD FOR RESALE | | | | 2, 338, 900. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Tatal Caluman (h) Tatal (abauld anual Farm 000 Dart V. aal | (D) line 15) | | C | 9, 133, 778. |
| Total. Column (b) Total (should equal Form 990, Part X, col. Part X Other Liabilities (See Form 990, Part | · · · · · · · · · · · · · · · · · · · | | G | 9, 133, 770. |
| (a) Description of Liability | | | | |
| Federal Income Taxes | (b) Amount | - | | |
| ACCRUED ANNUAL LEAVE | 7,94 | 5 | | |
| LIABILITIES UNDER SPLIT INT. AGREEMEN | | | | |
| LIADIEITIES UNDER SIEIT INT. AUREEMEN | 115 5, 550, 15 | 4. | | |
| | | | | |
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| | | | | |
| | | | | |

 Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)
 G
 3, 566, 079.

 In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| | | 8-2053465 | Page 4 |
|---------------|---|------------|------------------|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | i | |
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | | 872, 423. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 6, | 023, 978. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1. | | 848, 445. |
| 4 | Net unrealized gains (losses) on investments | -8, | 760, 810. |
| 5 | Donated services and use of facilities. | | |
| 6 | Investment expenses | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV) SEE PART . XI V. | | 197, 672. |
| 9 | Total adjustments (net). Add lines 4-8 | | 958, 482. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 110, 037. |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | | 110/00/1 |
| | Total revenue, gains, and other support per audited financial statements | | 709, 262. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | , <u> </u> | 107,202. |
| | | | |
| | | · | |
| | | - | |
| | Recoveries of prior year grants. | _ | |
| | I Other (Describe in Part XIV) SEE PART XI. V | | |
| e | Add lines 2a through 2d | | 342, 116. |
| 3 | Subtract line 2e from line 1 | 3 5, | 632, 854. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | Investments expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) SEE . PART . XI V | | |
| C | Add lines 4a and 4b. | | <u>239, 569.</u> |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 6, | 872, 423. |
| Par | t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | turn | |
| 1 | Total expenses and losses per audited financial statements | . 1 4, | 400, 775. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| | Losses reported on Form 990, Part IX, line 25 | | |
| | Other (Describe in Part XIV) | - | |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | | 400, 775. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 100/1101 |
| - 2 | Investments expenses not included on Form 990, Part VIII, line 7b | | |
| | Other (Describe in Part XIV) SEE PART XI V 4b 1, 623, 203 | - | |
| | Add lines 4a and 4b. | | 623, 203. |
| | | | 023, 203. |
| | Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) t XIV Supplemental Information | 5 0, | 023,918. |
| Com line 4 | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | | |
| | ENDOWMENT_FUNDS_ARE_TO_BE_USED_FOR_CHARITABLE_GRANTS_IN_ACCORDANCE_W | | <u>I ON' S</u> |
| | | | |

| 2008 | SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMA | ATION PAGE 6 |
|----------------------------|---|--|
| CLIENT 053465 | COMMUNITY FOUNDATION OF CENTRAL GA, INC. | 58-2053465 |
| 2/03/10 | | 10:01AM |
| SCHEDULE D OTHER CHAN | , PART XI, LINE 8 IGES IN NET ASSETS OR FUND BALANCES | |
| CHANGE IN A CHANGE IN S | GENCY ENDOWMENTS PLIT INTEREST TRUST TOTAL | -583, 506. |
| OTHER REVE | 9, PART XII, LINE 2D NUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 SPLIT INTEREST TRUST | \$ -581, 306. \$ -581, 306. |
| OTHER REVE | , PART XII, LINE 4B NUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S . TAX DI FFERENCE | \$ <u>1, 239, 569.</u> \$ <u>1, 239, 569.</u> |
| | | |
| | 9, PART XIII, LINE 4C NUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S 00K\ TAX DI FFERENCE | \$ <u>1,623,203.</u> \$ <u>1,623,203.</u> |
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| SCHEDULE I | | Gr | ants and Oth | ner Assistance t | o Organization | IS | | OMB No. 1545-0047 |
|--|--------------------|--|----------------------------------|--|--------------------------------------|---|--|---------------------------------------|
| (Form 990) | | | Governmer | its and Individua | als in the U.S. | | | 2008 |
| Department of the Treasury Internal Revenue Service | | G Compl | ete if the organizat | ion answered 'Yes,' on F G Attatch to Form 990 | Form 990, Part IV, lines). | 21 or 22. | | Open to Public Inspection |
| Name of the organization | | | | | | | Employer identific | |
| COMMUNITY FOUN | | | | | | | 58-205346 | 5 |
| Part I General In | formation on G | Frants and Assist | ance | | | | | |
| | | ds to substantiate the ne grants or assistanc | | nts or assistance, the gra | antees' eligibility for the | e grants or assistance, | and | X Yes No |
| | | | | ant funds in the United S | | SEE PART IV | | |
| 990, Part I | V, line 21 for a | | eceived more t | nizations in the Uni han \$5,000. Check needed | | | | |
| 1 (a) Name and addre or govern | ss of organization | (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 |
| SCHEDULE ATTACHEI | 2 | | | | | | | |
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| | U U | ions Iction Act Notice, see | | r Form 990. | TEEA3901L | 12/19/08 | G | 10 Iule I (Form 990) 2008 |

COMMUNITY FOUNDATION OF CENTRAL GA, INC. Schedule I (Form 990) 2008

58-2053465

Page 2

| Part III Grants and Other Assistance to Use Schedule I-1 (Form 990) if a | additional space is | needed. | | | |
|---|-----------------------------|-----------------------------|-----------------------------------|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| COLLEGE SCHOLARSHI PS | 60 | 74, 450. | | CASH VALUE | N/A |
| | | | | | |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Com | plete this part to p | provide the informa | ition required in P | Part I, line 2, and any o | other additional information. |
| PART I, LINE 2 - GRANTMAKER'S DE | SCRIPTION OF H | <u>OW GRANTS ARE</u> | USED | | |
| THE FOUNDATION CONDUCTS DUE DI | LIGENCE ON ALL | _ POTENTI AL_GRA | NTEES TO ENSUR | RE_THE | |
| ELIGIBILITY FOR APPLICATION OF | R RECEIPT OF FL | <u>JNDS, THE TAX EX</u> | EMPTION OF THE | Ē | |
| ORGANI ZATI ON, THE CHARI TABLE NA | ATURE OF THE OF | RGANI ZATI ON, | | | |
| AND_THE_FINANCIAL_HEALTH_AND_F | REPUTATION OF 1 | <u>THE_ORGANIZATIO</u> | N. TELEPHONE IN | NQUI RI ES_ARE | |
| ALSO_MADE_ON_A_REGULAR_BASIS_1 | TO OBTAIN CURRE | ENT_INFORMATION | <u>ON THE ORGANI</u> | ZATION AS | |
| PART_OF_DUE_DILIGENCE. PRIOR_TO | <u>) FUNDS BEING [</u> | DI SBURSED TO A | <u>POTENTI AL_GRAM</u> | NTEE | |
| ORGANI ZATI ON, REQUESTS FOR DI SE | BURSEMENT_MUST | <u>BE_APPROVED_BY</u> | THE EXECUTI VE | | |
| COMMITTEE, THE_GRANTS_COMMITTEE | <u>, or _the_board</u> | OF DI RECTORS | OF THE FOUNDAT | <u>FLON. AFTER</u> | |
| APPROVAL, GRANTEES_RECEI VE_THEI | R GRANT PAYMEN | <u>IT ALONG WITH A</u> | N AWARD LETTER | R_SPECIFICALLY | |
| STATING HOW THE FUNDS ARE TO E | BE USED. FINAL F | REPORTS ON HOW | THE GRANT FUNE | DS ARE USED | Schedule (Form 990) 2008 |

2008 SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3 CLIENT 053465 COMMUNITY FOUNDATION OF CENTRAL GA, INC. 58-2053465 2/03/10 10:01AM

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED) ARE REQUIRED FOR ALL GRANTS FROM EACH OF THE FOUNDATION'S RESPONSIVE GRANT PROGRAMS. FINAL REPORTS MAY ALSO BE REQUIRED FOR GRANTS FROM A DONOR ADVISED, AGENCY, SCHOLARSHIP, DESIGNATED, OR ENDOWMENT FUND. SITE VISITS ARE CONDUCTED ON A REGULAR BASIS TO REVIEW AN ORGANIZATION AND ITS PROGRAMS.

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|---------------------------------|---------------------|------------|------------|---------------------------|-----------------------------|-----|----------------------------|-----|---|
| Alzheimer's Association | 277 MLK, Jr. Blvd. Suite 201 | Macon, GA | 31201 | 58-1492046 | 501c(3) | \$3,050.00 | \$0 | Cash | N/A | Caregiver Timeout Program |
| | | | | | | \$100.00 | \$0 | Cash | N/A | Memorial Contribution |
| | | | | | | \$100.00 | \$0 | Cash | N/A | Memorial Contribution |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | Caring Closet Program |
| | | | | | | \$10,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| Auditory-Verbal Center, Inc. | 1901 Century Blvd., Suite 20 | Atlanta, GA | 30345 | 58-1305600 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Macon Satellite office space rental for the year and purchase of a tympanogram machine |
| | | | | | | \$1,635.80 | \$0 | Cash | N/A | Moving and operating expenses |
| Bibb County Drug Court | P.O. Box 4708 | Macon, GA | 31208 | 58-6001728 | Bibb County Government | \$15,000.00 | \$0 | Cash | N/A | Judicially-supervised substance abuse treatment program to include long-term residential treatment for those unable to afford it |
| Bibb County, Georgia | P.O. Box 4708 | Macon, GA | 31208-4708 | 58-6001728 | Bibb County Government | \$15,283.20 | \$0 | Cash | N/A | Community Leadership Conference |
| Big Brothers Big Sisters of the Heart of Georgia | 777 Walnut Street | Macon, GA | 31201 | 58-0707593 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| | | | | | | \$15,000.00 | \$0 | Cash | N/A | Mentoring Children of Promise program |
| Boy Scouts of America - Central GA Council | 4335 Confederate Way | Macon, GA | 31217 | 58-0633976 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | Operation Scout Reach |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | New facility for Troop 51 |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--------------------------------------|------------------------------------|---------------------|----------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Campus Clubs, Inc. | P.O. Box 6495 | Macon, GA | 31201 | 58-2373761 | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | PITSCO educational curriculum |
| | | | | | | \$15,000.00 | \$0 | Cash | N/A | Satellite Computers/Mission Trips |
| | | | | | | \$2,400.00 | \$0 | Cash | N/A | Young Life Camp Trip to Sharp Top Cove |
| | | | | | | \$3,050.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| Centenary United Methodist Church | 1290 College Street | Macon, GA | 31201 | 80-0307351 | 501c(3) | \$4,442.50 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Start up costs for the Beall's Hill Community Garden at Centenary |
| Center for Racial Understanding | 344 2nd Street | Macon, GA | 31201 | 06-1767624 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Operating funds to carry out mission of removing racial barriers in the Macon Community, specifically for the position at Hutchings Career Center |
| | | | | | | \$250.00 | \$0 | Cash | N/A | "Peaches, Pecans, & Pralines" event |
| Central Georgia C.A.R.E.S | 520 Professional Drive, Suite 2 | Macon, GA | 31201 | 26-4244530 | 501c(3) | \$27,492.10 | \$0 | Cash | N/A | Support for activities related to the conversion from the gas chamber to lethal injection for the euthanasia of animals at the shelter |
| Central Georgia Opera Guild | 132 Bentwood Circle | Macon, GA | 31210 | 58-2053465 | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | Collaboration with the Douglass Theatre to present the Metro Opera |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Metro Opera |
| | | | | | | \$600.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$300.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| Christ Episcopal Church | 582 Walnut Street | Macon, GA | 31201 | | 501c(3) | \$8,734.00 | \$0 | Cash | N/A | General Contributions |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|--|---------------------|----------|------------|-----------------------------------|-----------------------------|-----|----------------------------|-----|---|
| City of Macon | 701 Poplar Street | Macon, GA | 31201 | 58-600012 | City of Macon Government | \$15,000.00 | \$0 | Cash | N/A | Two leadership retreats to improve communications and discuss the Carl Vincent Institute of Government reports on the City of Macon |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Support to create the Martin Luther King, Jr. Commission to promote understanding and acceptance of nonviolence and human equality as a way of building community among all citizens of the City of Macon and Bibb County |
| | | | | | | \$600.00 | \$0 | Cash | N/A | Uniform shirts for the youth participating in the Summer Employment Program of the Office of Workforce Development |
| Carl Vincent Institute of Government | 201 N. Milledge Ave. | Athens, GA | 30602 | 58-6001998 | State of Georgia Government | \$250,000.00 | \$0 | Cash | N/A | Work order system from the Carl Vincent Institute at UGA |
| Mercer Group | 5579 B Chamblee Dunwoody Road, Suite 511 | Atlanta, GA | 30338 | 58-1877068 | | \$7,962.11 | \$0 | Cash | N/A | search for a qualified CAO for the City of Macon |
| Bright Blue Sky Production | 546 Poplar Street | Macon, GA | 31201 | 65-1178116 | | \$14,000.00 | \$0 | Cash | N/A | Production of program that will highlight Macon's international business presence |
| College Hill Corridor Commission | c/o NewTown Macon 479 Cherry Street | Macon, GA | 31201 | 58-2273893 | 501c(3) | \$4,000.00 | \$0 | Cash | N/A | College Hill Corridor Movie Screen |
| | , | | | | | \$10,000.00 | \$0 | Cash | N/A | Gap Funding |
| Cox Capitol Theatre, Inc. | 382 Second Street | Macon, GA | 31201 | 30-0256330 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | Kitchen Renovations to accommodate more customers |
| | | | | | | \$275.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$2,130.00 | \$0 | Cash | N/A | Disbursement |
| Cross Point Baptist Church | 645 Perry Parkway | Perry, GA | 31069 | 75-3066231 | 501c(3) | \$150,000.00 | \$0 | Cash | N/A | General Contribution |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|--------------------------------------|-------------------------|----------|------------|----------------------------------|-----------------------------|-----|----------------------------|-----|--|
| DonorsChoose, Inc. | 347 West 36th Street Suite 503 | New York, NY | 10018 | 13-4129457 | 501c(3) | \$996.00 | \$0 | Cash | N/A | Support for Central Georgia public school classroom projects on www.donorschoose.org |
| | | | | | | \$500.00 | \$0 | Cash | N/A | Support for Central Georgia public school classroom projects on www.donorschoose.org |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | Support for Baldwin County public school classroom projects on www.donorschoose.org |
| | | | | | | \$50,000.00 | \$0 | Cash | N/A | Support for Central Georgia public school classroom projects on www.donorschoose.org |
| Douglas-Coffee County Industrial Authority | 211 S. Gaskin Ave. | Douglas, GA | 31534 | 58-1191042 | City of Douglas Government | \$18,000.00 | \$0 | Cash | N/A | Support for economic development activities which will have a direct or indirect impact on job creation or retention in Coffee County |
| Facade Squad | 876 Mulberry Street Suit 4A | Macon, GA | 31201 | 26-3427801 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Restoration of building facades in downtown Macon, whose owner demonstrates a financial need |
| First Presbyterian Church | 407 E. Ward Street | Douglas, GA | 31533 | 58-6131753 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$2,500.00 | \$0 | Cash | N/A | Go Tell Crusade |
| First Presbyterian Church | P.O. Box 548 | Highlands, NC | 28741 | 56-1260777 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | Music Fund |
| | | | | | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | Capital Campaign |
| First Tee of Macon | 588 Billingswood Drive | Macon, GA | 31210 | 04-3692728 | 501c(3) | \$8,526.89 | \$0 | Cash | N/A | Support for activities of Macon Golf for Kids to provide opportunities in golf for some of Macon's more in need youth |
| Focus on the Family | | Colorado Springs, CO | 80995 | 95-3188150 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | General Contribution |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---|--|---------------------|------------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Forest Hills United Methodist Church | | Macon, GA | 31210 | 58-1095177 | 501c(3) | \$300.00 | \$0 | Cash | N/A | River of Life, or other program if more in need |
| | | | | | | \$2,000.00 | \$0 | Cash | N/A | Building Fund |
| | | | | | | \$3,000.00 | \$0 | Cash | N/A | General Contribution |
| Forsyth United Methodist Church | 68 West Johnston Street | Forsyth, GA | 31029 | 58-1376056 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | Habitat for Humanity Fund |
| | | | | | | \$12,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$100.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$100,000.00 | \$0 | Cash | N/A | Building Campaign |
| | | | | | | \$100.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | Nepal Mission Trip |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Camp Glisson Mission |
| Fort Hawkins Commission | P.O. Box 7344 | Macon, GA | 31209-7344 | 58-2053465 | 501c(3) | \$97,513.00 | \$0 | Cash | N/A | Bring awareness and restoration to Historic Fort Hawkins, the birthplace of Macon, GA |
| Friends of the Trail | C/O NewTown Macon 479 Cherry St. | Macon, GA | 31201 | 58-2273893 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Hire a full time employee |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | 2008 Campaign |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| Georgia Center for Child Advocacy | Prevention Program P.O. Box 17770 | Atlanta, GA | 30316 | 58-1762069 | 501c(3) | \$8,750.00 | \$0 | Cash | N/A | Two classes held in Macon |
| Georgia Children's Museum | 382 Cherry Street | Macon, GA | 31201 | 58-1727938 | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | marketing campaign. |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| Georgia Historical Society | 501 Whitaker Street | Savannah, GA | 31401 | 58-0593403 | 501c(3) | \$20,000.00 | \$0 | Cash | N/A | General Contribution |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|---|---------------------|----------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Georgia Industrial Children's Home, Inc., a campus of Twin Cedars | 4690 Mumford Rd. | Macon, GA | 31210 | 58-1413499 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Kitchen renovations to be able to add culinary skills training for participants of Project Independence |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$300.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$300.00 | \$0 | Cash | N/A | Back to School Fund for Supplies |
| | | | | | | \$1,500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Children's Christmas Gifts |
| Georgia Music Hall of Fame | P.O. Box 870 | Macon, GA | 31202 | 58-2133856 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Capital Campaign |
| | | | | | | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Nashville Portraits Exhibit |
| | | | | | | \$3,500.00 | \$0 | Cash | N/A | Otis Redding Singer/Songwriter Camp |
| Georgia Trust for Historic Preservation | Rhodes Hall 1516 Peachtree Street, NW | Atlanta, GA | 30309 | 23-7357226 | 501c(3) | \$20,000.00 | \$0 | Cash | N/A | Support for the Partners in the Field start up in Macon |
| | , | | | | | \$10,000.00 | \$0 | Cash | N/A | Support for the Partners in the Field star up in Milledgeville |
| Girl Scouts of Historic Georgia, Inc. | 6869 Columbus Road | Lizella, GA | 31052 | 58-0616990 | 501c(3) | \$40,000.00 | \$0 | Cash | N/A | Pool Repairs at Camp Martha Johnston |
| | | | | | | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---|-------------------|----------------------|------------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Goodwill Industries of Middle Georgia | | Macon, GA | 31206 | 58-1249683 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$15,000.00 | \$0 | Cash | N/A | Underwriting a portion of two van shuttles that are to provide transportation for Goodwill's Custodial Training Institute trainees |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| Grand Opera House | 400 Poplar Street | Macon, GA | 31201 | 58-0566167 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | New marquee campaign |
| 10000 | | | | | | \$5,200.00 | \$0 | Cash | N/A | GrandKids Arts Education Program |
| | | | | | | \$75,000.00 | \$0 | Cash | N/A | New marquee campaign |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | New marquee campaign |
| | | | | | | \$22,000.00 | \$0 | Cash | N/A | Annual Distribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| Greater Macon Chamber of Commerce | P.O. Box 169 | Macon, GA | 31202 | 58-0333200 | 501c(6) | \$20,000.00 | \$0 | Cash | N/A | Macon NOW Campaign |
| | | | | | | \$139,342.89 | \$0 | Cash | N/A | Initiatives of the MEDC-Macon NOW Campaign |
| Haggai Institute | P.O. Box 13 | Atlanta, GA | 30370-2801 | 58-0898309 | 501c(3) | \$99,677.67 | \$0 | Cash | N/A | General Contribution |
| Highlands Community Child Development Center | P.O. Box 648 | Highlands, NC | 28741 | 47-0891422 | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | Coleman Scholarship Fund |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| Historic Rose Hill Cemetery | P.O. Box 13779 | Macon, GA | 31208-3779 | 16-1629472 | 501c(3) | \$14,827.57 | \$0 | Cash | N/A | Support for activities to maintain and operate the Historic Rose Hill Cemetery |
| Hodac, Inc. | 2762 Watson Blvd. | Warner Robins, GA | 31093 | 58-1333698 | 501c(3) | \$39,216.68 | \$0 | Cash | N/A | Gateway Cottage |
| | | . 100110, GA | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|----------------------------|----------------------|----------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Hospice of Central Georgia | 3780 Eisenhower Parkway | Macon, GA | 31206 | 23-7363555 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$100.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$2,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$20,000.00 | \$0 | Cash | N/A | Room Naming |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| Houston County Association for Exceptional Citizens | 802 Young Ave. | Warner Robins, GA | 31093 | 58-0687548 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | Upgrades to phone system |
| Jewish Federation of Macon & Middle Georgia | Post Office Box 5276 | Macon, GA | 31208 | 58-1995040 | 501c(3) | \$7,750.00 | \$0 | Cash | N/A | General Contribution |
| Junior League of Macon, Inc. | 2055 Vineville Avenue | Macon, GA | 31204 | 58-0526317 | 501c(3) | \$500.00 | \$0 | Cash | N/A | Annual Campaign |
| | | | | | | \$19,799.98 | \$0 | Cash | N/A | Construction of a handicapped accessible playground at Macon's Water Works Park |
| M&T Tire, Exhaust, and Auto Restoration | 5826 Columbus Road | Macon, GA | 31206 | | | \$7,500.00 | \$0 | Cash | N/A | Relief to a local business severely damaged or destroyed in the May 2009 Mother's Day tornadoes through the Grainger Rebuilding America program and competitive grant process so that they may continue to have a positive impact on Macon's local economy |
| Macon Arts Alliance | Post Office Box 972 | Macon, GA | 31202 | 58-1546962 | 501c(3) | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$11,000.00 | \$0 | Cash | N/A | Bibb County Institute for the Arts 2009-2010 Program |
| | | | | | | \$2,357.99 | \$0 | Cash | N/A | Bibb County Institute for the Arts 2009-2010 Program |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---|--|---------------------|------------|------------|--------------------------------|-----------------------------|-----|----------------------------|-----|---|
| Macon Film and Video Festival | P.O. Box 929 | Macon, GA | 31201 | 30-0256330 | 501c(3) | \$350.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$20,000.00 | \$0 | Cash | N/A | Spring Festival |
| Macon Housing Authority | P.O. Box 4928 | Macon, GA | 31201-4928 | 58-6002360 | Georgia State Government | \$20,000.00 | \$0 | Cash | N/A | Market/feasibility study for the stabilization and revitalization of Payne City, Georgia |
| Macon Police Department | P. O. Box 247 | Macon, GA | 31202 | | City of Macon Government | \$9,966.62 | \$0 | Cash | N/A | Project Safe Neighborhoods Program and Anti-Gang initiatives |
| Macon Regional Crimestoppers | c/o Warren Associates, Inc. P. O. Box 6098 | Macon, GA | 31208 | 58-2549830 | 501c(3) | \$114,994.86 | \$0 | Cash | N/A | Project Safe Neighborhoods Program and Anti-Gang initiatives |
| Macon Rescue Mission | P.O. Box 749 | Macon, GA | 31202 | 58-6011446 | 501c(3) | \$250.00 | \$0 | Cash | N/A | Thanksgiving/Christmas Fund |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | To continue the Reindeer Gang Christmas spirit and provide support to those in need |
| | | | | | | \$15,000.00 | \$0 | Cash | N/A | Program to feed Macon's elderly and disabled |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| | | | | | | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| Macon State College Center for Economic Analysis & Forecasting | 100 College Station Drive | Macon, GA | 31206 | 58-1028275 | | \$120,000.00 | \$0 | Cash | N/A | Institute COMSTAR program |
| | | | | | | \$20,000.00 | \$0 | Cash | N/A | Strategic planning and benchmarking study for the City of Macon and its Departments |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|-------------------------------------|---------------------|------------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| | 100 College Station Drive, A-217 | Macon, GA | 31206 | 23-7066010 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | Restore the grounds of the Waddell Barnes Botanical Garden |
| | | | | | | \$2,500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$15,000.00 | \$0 | Cash | N/A | Restore the grounds of the Waddell Barnes Botanical Garden |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | Scholarships |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Restore the grounds of the Waddell Barnes Botanical Garden |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Re-Leaf Campaign |
| | | | | | | \$100.00 | \$0 | Cash | N/A | Re-Leaf Campaign |
| Macon Symphony Orchestra, Inc. | 400 Poplar St. | Macon, GA | 31201-3336 | 58-1309733 | 501c(3) | \$375.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$375.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$10,000.00 | \$0 | Cash | N/A | Percussion Sounds of the Symphony project |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$750.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Instrument Petting Zoo |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| Magnolia Manor of Macon, Inc. | 2001 S. Lee Street | Americus, GA | 31709 | 31-1651955 | 501c(3) | \$33,333.33 | \$0 | Cash | N/A | Construction of new facility |
| | | | | | | \$100.00 | \$0 | Cash | N/A | General Contribution |
| Medcen Community Health Foundation, Inc. | 858 High Street | Macon, GA | 31201 | 23-7363555 | 501c(3) | \$50,000.00 | \$0 | Cash | N/A | Care & Comfort Room at the Hospice House |
| | | | | | | \$300.00 | \$0 | Cash | N/A | Children's Hospital |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | 1895 Society |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Children's Hospital Reach Out and Read Program |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---|--|----------------------|------------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Mercer University | 1400 Coleman Avenue | Macon, GA | 31207 | 58-0566167 | 501c(3) | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,500.00 | \$0 | Cash | N/A | School of Medicine |
| | | | | | | \$500.00 | \$0 | Cash | N/A | William A. Bootle Chair of Ethics at the Walter F. George School of Law |
| | | | | | | \$500.00 | \$0 | Cash | N/A | W.D. Hazlehurst Scholarship at the School of Medicine |
| | | | | | | \$500.00 | \$0 | Cash | N/A | Political Science Department for the International Affairs Program |
| | | | | | | \$1,655.00 | \$0 | Cash | N/A | School of Medicine |
| Milledgeville/Baldw in Chamber of Commerce | 130 S. Jefferson Street | Milledgeville, GA | 31061 | 58-0534980 | 501c(6) | \$12,000.00 | \$0 | Cash | N/A | Retain the Digital Innovation Group at Georgia College & State University |
| Mission to the World PCA, Inc. | P.O. Box 116284 | Atlanta, GA | 30368 | 58-2325982 | 501c(3) | \$25,000.00 | \$0 | Cash | N/A | General Contribution |
| Morningstar Children and Family Services, Inc. | Macon Corporate Center Annex P.O. Box 4933 | Macon, GA | 31208-4933 | 58-2314421 | 501c(3) | \$12,000.00 | \$0 | Cash | N/A | Picnic and playground area |
| Motivating Youth Foundation, Inc. | 905 Main Street | Macon, GA | 31217 | 94-3443103 | 501c(3) | \$8,000.00 | \$0 | Cash | N/A | Phonics Program |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| Mount de Sales Academy | 851 Orange Street | Macon, GA | 31201 | 58-0865199 | 501c(3) | \$130,000.00 | \$0 | Cash | N/A | Capital Campaign |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Sleeping Beauty Ballet |
| Museum of Arts and Sciences | 4182 Forsyth Road | Macon, GA | 31210 | 58-0806933 | 501c(3) | \$10,300.00 | \$0 | Cash | N/A | Annual Distribution |
| | | | | | | \$3,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$6,000.00 | \$0 | Cash | N/A | Fanning Institute consulting |
| | | | | | | \$2,500.00 | \$0 | Cash | N/A | Maps Exhibit |
| | | | | | | \$3,000.00 | \$0 | Cash | N/A | Protégé Art Exhibition |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Art Fund |
| | | | | | | \$500.00 | \$0 | Cash | N/A | Festival of Trees 2009 |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---|--|---------------------|------------|------------|---|-----------------------------|-----|----------------------------|-----|---|
| NewTown Macon | 479 Cherry Street | Macon, GA | 31201-3320 | 58-2273893 | 501c(3) | \$1,230,000.00 | \$0 | Cash | N/A | Big Picture Fund |
| | | | | | | \$38,800.00 | \$0 | Cash | N/A | Support for the new CAO |
| | | | | | | \$2,000.00 | \$0 | Cash | N/A | Capital Campaign |
| | | | | | | \$24,000.00 | \$0 | Cash | N/A | Lighting for the Porter Pavilion on the Ocmulgee Heritage Trail |
| | | | | | | \$25,000.00 | \$0 | Cash | N/A | Canoe Launch for the Ocmulgee Heritage Trail |
| Northeast Georgia Medical Center Foundation | 2150 Limestone Parkway Suite 115 | Gainesville, GA | 30501 | 58-1694820 | 501c(3) | \$150,000.00 | \$0 | Cash | N/A | General Contribution |
| Olympia Family Fun Center | 5020 Mercer University Dr. | Macon, GA | 31206 | | | \$7,500.00 | \$0 | Cash | N/A | Relief to a local business severely damaged or destroyed in the May 2009 Mother's Day tornadoes through the Grainger Rebuilding America program and competitive grant process so that they may continue to have a positive impact on Macon's local economy |
| Project Safe Neighborhoods | United States Attorney P.O. Box 1702 | Macon, GA | 31201 | | United States Federal Government | \$40,000.00 | \$0 | Cash | N/A | Establish and update a website for corrections and parole data in the Middle Georgia District |
| Rebuilding Together Fort Valley, Inc. | P.O. Box 956 | Fort Valley, GA | 31030 | 20-1691639 | 501c(3) | \$6,000.00 | \$0 | Cash | N/A | Rehabilitate homes in 2009 for low income, elderly, and disabled |
| Renew Macon | 3225-A Rice Mill Road | Macon, GA | 31206 | 20-8442004 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Funding for a pick-up truck and completing the acquisition of key properties in the Lynmore Estates neighborhood |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--|-----------------------------------|---------------------|----------|------------|-----------------------------------|-----------------------------|-----|-------------------------|-----|---|
| River Edge Behavioral Health Center | 175 Emery Highway | Macon, GA | 31217 | 58-2109562 | State of Georgia Government | \$16,666.66 | \$0 | Cash | N/A | Peachstate Information Network for improved efficiencies in technology for serving clients with mental health disabilities |
| | | | | | | \$8,333.33 | \$0 | Cash | N/A | Peachstate Information Network for improved efficiencies in technology for serving clients with mental health disabilities |
| | c/o Mr. Bill Epps P O Box 1 | Macon, GA | 31201 | 58-0333575 | 501c(4) | \$272.00 | \$0 | Cash | N/A | Named Bricks for Rotary Park |
| | | | | | | \$1,170.00 | \$0 | Cash | N/A | Coins for Alzheimer's Research Trust (The Cart Fund, Inc.) |
| | | | | | | \$5,250.00 | \$0 | Cash | N/A | PolioPlus Challenge |
| | | | | | | \$2,000.00 | \$0 | Cash | N/A | Paul Harris Society |
| Rotary Educational Foundation of Macon, Inc. | c/o Mr. Bill Epps P O Box 1 | Macon, Ga | 31201 | 58-6034632 | 501c(3) | \$6,000.00 | \$0 | Cash | N/A | Education initiatives in Macon |
| , | 14280 Collections Center Drive | Chicago, IL | 60693 | 36-3245072 | 501c(3) | \$10,100.00 | \$0 | Cash | N/A | PolioPlus Challenge |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--------------------------------------|--------------------------|---------------------|------------|------------|-----------------------------------|-----------------------------|-----|----------------------------|-----|--|
| Salvation Army of Central Georgia | Post Office Box 13386 | Macon, GA | 31208-3386 | 58-0660607 | 501c(3) | \$300.00 | \$0 | Cash | N/A | Local tornado relief |
| | | | | | | \$1,500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Thanksgiving/Christmas Fund |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution to benefit Macon |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution to benefit Warner Robins |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| | | | | | | \$3,757.50 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| | | | | | | \$75.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$2,797.50 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Support for the families and individuals the organization serves |
| Southwest High School | 1775 Williamson Road | Macon, GA | 31206-3318 | 58-6000191 | State of Georgia Government | \$8,500.00 | \$0 | Cash | N/A | Competition expenses for the Philharmonic Society |
| St. John's Episcopal Church | 1 West Macon Street | Savannah, GA | 31401 | 58-0692297 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | General Contribution |
| St. Peter Claver Parish School | 133 Ward Street | Macon, GA | 31204 | 58-0971389 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | after school and summer tutoring to at-risk students, as well as training and support to their parents |

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|---|-------------------------|---------------------|------------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| Stratford Academy | 6010 Peake Road | Macon, GA | 31210-3903 | 58-0831002 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | Fund for Diversity |
| | | | | | | \$10,000.00 | \$0 | Cash | N/A | Capital Campaign |
| | | | | | | \$3,266.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$350.00 | \$0 | Cash | N/A | Annual Fund |
| Temple Beth Israel | 892 Cherry Street | Macon, GA | 31201 | 20-1024695 | 501c(3) | \$21,000.00 | \$0 | Cash | N/A | Renovations to the Sanctuary |
| The Big House Foundation, Inc. | P.O. Box 4291 | Macon, GA | 31208 | 20-1024695 | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | Up to date office equipment |
| | | | | | | \$2,000.00 | \$0 | Cash | N/A | John Elkington Seminar |
| The Episcopal Church of the Incarnation | P.O. Box 729 | Highlands, NC | 28741 | 58-0828094 | 501c(3) | \$6,000.00 | \$0 | Cash | N/A | General Contribution |
| The Family Center of Columbus, Inc. | P.O. Box 1825 | Columbus, GA | 31902 | 58-2202180 | 501c(3) | \$14,051.82 | \$0 | Cash | N/A | Project Safe Neighborhoods Program Anti-Gang initiatives |
| The Golden Rule, Inc. | P.O. Box 243 | Butler, GA | 31006 | 58-0622971 | 501c(3) | \$15,000.00 | \$0 | Cash | N/A | Transportation van |
| The Methodist Home for Children and Youth | Post Office Box 2525 | Macon, GA | 31203 | 58-0622971 | 501c(3) | \$300.00 | \$0 | Cash | N/A | Back to School Fund |
| | | | | | | \$1,655.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Children's Christmas Gifts |
| | | | | | | \$137.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$100.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$10,000.00 | \$0 | Cash | N/A | Renovations at 144 Pierce Avenue |
| Theatre Macon, Inc. | P.O. Box 5123 | Macon, GA | 31208 | 58-1693192 | 501c(3) | \$5,000.00 | \$0 | Cash | N/A | Lighting Instrument Project |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Youth Actors' Guild |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---|--|---------------------|------------|------------|-----------------------------------|-----------------------------|-----|----------------------------|-----|---|
| Tubman African American Museum | 340 Walnut Street | Macon, GA | 31201 | 58-1420630 | 501c(3) | \$10,000.00 | \$0 | Cash | N/A | TCIA After School Outreach Program |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | John Oliver Killens Student Workshops |
| | | | | | | \$2,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,200.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$250.00 | \$0 | Cash | N/A | Annual Fund |
| United Way of Central Georgia, Inc. | 277 Martin Luther King, Jr. Blvd. Suite 301 | Macon, GA | 31201 | 58-0639811 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | Central Georgia Tornado Recovery Fund |
| | | | | | | \$3,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$550.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$3,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$550.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | 2009 Campaign |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$10,000.00 | \$0 | Cash | N/A | Alexis de Tocqueville Society |
| | | | | | | \$250.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,200.00 | \$0 | Cash | N/A | J. Clay Murphy Society |
| University of Georgia | Contracts & Grants Division 475 N. Lumpkin St. | Athens, GA | 30602-5333 | 58-601198 | State of Georgia Government | \$132,500.00 | \$0 | Cash | N/A | Comprehensive audit of the departments of the City of Macon to improve efficiency |
| | | | | | | \$77,000.00 | \$0 | Cash | N/A | Comprehensive audit of the departments of the City of Macon to improve efficiency |
| | | | | | | \$77,000.00 | \$0 | Cash | N/A | Comprehensive audit of the departments of the City of Macon to improve efficiency |
| | | | | | | \$132,500.00 | \$0 | Cash | N/A | Comprehensive audit of the departments of the City of Macon to improve efficiency |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|--------------------------------------|------------------------------------|---------------------|----------|------------|---------------------|-----------------------------|-----|----------------------------|-----|---|
| US Ski and Snow Board Association | 1500 Kearns Blvd. | Park City, UT | 84060 | 84-6030639 | 501c(3) | \$25,000.00 | \$0 | Cash | N/A | General Contribution |
| Vail Valley Foundation | P. O. Box 309 | Vail, CO | 81658 | 74-2215035 | 501c(3) | \$20,000.00 | \$0 | Cash | N/A | General Contribution |
| Veronica's Soul Food | 2055 Eisenhower Pkwy. Bld. C-33 | Macon, GA | 31206 | | | \$7,500.00 | \$0 | Cash | N/A | Relief to a local business severely damaged or destroyed in the May 2009 Mother's Day tornadoes through the Grainger Rebuilding America program and competitive grant process so that they may continue to have a positive impact on Macon's local economy |
| Wesley Glen Ministries | 4580 North Mumford Road | Macon, GA | 31210 | 58-2400262 | 501c(3) | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$10,000.00 | \$0 | Cash | N/A | Life Skills Center Campaign |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | Capital Campaign |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$4,000.00 | \$0 | Cash | N/A | Capital Campaign |

| 1(a) Organization | 1(a) Address | 1(a) City, State | 1(a) Zip | (b) EIN | (c) IRC Section | (d) Amount of cash grant | (e) | (f) Method of valuation | (g) | (h) Purpose |
|---------------------------------------|------------------------------|---------------------|----------|------------|---------------------|-----------------------------|-----|----------------------------|-----|--|
| Wesleyan College | 4760 Forsyth Road | Macon, GA | 31210 | 58-0593438 | 501c(3) | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$500.00 | \$0 | Cash | N/A | Annual Fund |
| | | | | | | \$2,500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Adopt A Painting Project |
| | | | | | | \$250.00 | \$0 | Cash | N/A | General Contribution to the Music Department |
| | | | | | | \$38,000.00 | \$0 | Cash | N/A | Contribution for renovations to Tate Hall, Annual Fund, to benefit the Frederica von Stade concert |
| | | | | | | \$500.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | General Contribution |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Newsome Beautification Fund |
| | | | | | | \$5,000.00 | \$0 | Cash | N/A | FACE Forward Campaign |
| | | | | | | \$1,000.00 | \$0 | Cash | N/A | Annual Fund |
| | | | | | | \$1,500.00 | \$0 | Cash | N/A | Annual Fund |
| Westminster Presbyterian Church | 1397 Thompson Bridge Road | Gainesville, GA | 30501 | 58-1554288 | 501c(3) | \$9,500.00 | \$0 | Cash | N/A | General Contribution |

Non-Cash Contributions

OMB No. 1545-0047

G To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

G Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number 58–2053465

| Par | TT Types of Property | | | | | | | |
|----------|--|-------------------------------|-----------------------------------|--|-------|-------------------------|----------|-----|
| | | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | Meth | c) nod of c rever | letermin | ing |
| 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 | Х | 10 | 216, 630. | MARKE | τ ομα | TES | |
| 10 | Securities' Closely held stock. | Λ | 10 | 210,000. | | 1 200 | JILS | |
| 11 | Securities' Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities' Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution (historic structures) | | | | | | | |
| 14 | Qualified conservation contribution (instance structures) | | | | | | | |
| 14 | Real estate' Residential. | Х | 1 | 268, 000. | APPRA | 1501 | | |
| 16 | Real estate' Commercial | Λ | 1 | 200,000. | | IJAL | | |
| 17 | Real estate' Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies. | | | | | | | |
| 20 | Taxidermy | | | | | | | |
| | - | | | | | | | |
| 22 | Historical artifacts. | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 25 | Archeological artifacts. | | | | | | | |
| 25 | Other G () | | | | | | | |
| 26 | Other G () | | | | | | | |
| 27 | Other G () | | | | | | | |
| 28 | Other G () | | | | | | | |
| 29 | Number of Forms 8283 received by the organizatio organization completed Form 8283, Part IV, Donee | n during the | tax year for contributio | ns for which the | 20 | | | 1 |
| | organization completed Form 8283, Part IV, Dones | e Acknowledų | gement | | 29 | | Voc | |
| | | | | | | | Yes | No |
| 30 a | a During the year, did the organization receive by co hold for at least three years from the date of the in | ntribution an | y property reported in F | Part I, lines 1-28 that it | must | | | |
| | | | | | | 20.0 | | Х |
| k | purposes for the entire holding period? | | | | | 30 a | | |
| | c c | v that require | as the review of any no | n standard contribution | 2 | 21 | Х | |
| 31 | Does the organization have a gift acceptance polic | | - | | 15 (| 31 | ~ | |
| 328 | a Does the organization hire or use third parties or re noncash contributions? | | izations to solicit, proce | | | 32 a | Х | |
| k | If 'Yes,' describe in Part II. SEE PART II | | | | | | | |
| 33 | If the organization did not report revenues in colun describe in Part II. | nn (c) for a t | ype of property for whic | ch column (a) is checke | ed, | | | |
| | UCOUNDE III FAILII. | | | | | | | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

| Schedule M (Form 990) 2008 COMMUNITY FOUNDATION OF CENTRAL GA, I NC. 58-2053465 Page 2 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. |
|--|
| PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES |
| THE FOUNDATION DOES NOT UTILIZE THE SERVICES OF A THIRD PARTY TO SOLICIT ANY |
| CONTRIBUTIONS. THE FOUNDATION DOES RELY ON BANKS AND BROKERAGE FIRMS TO PROCESS AND |
| SELL NON CASH CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES. FOR GIFTS OF REAL |
| ESTATE, THE FOUNDATION FREQUENTLY UTILIZES THE SERVICES OF A LICENSED REAL ESTATE |
| AGENT TO MARKET THE PROPERTY. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

G Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. G See separate instructions. 2008

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

58-2053465

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| CFCG HOLDINGS LLC | | | | | |
| 277 MLK JR BLVD, SUITE 303 | | | | | |
| MACON, GA_31201 | REAL ESTATE | | | | |
| NOEIN | HOLDI NGS | GA | 0. | 321, 500. | N/A |
| CFCG_JENNIFER_DR_LLC | | | | | |
| 277 MLK JR BLVD, SUITE 303 | | | | | |
| MACON, GA_31201 | REAL ESTATE | | | | CFCG HOLDI NGS |
| NOEIN | HOLDI NGS | GA | 0. | 517, 400. | LLC |
| DOVER_HALL_TRACT_100_LLC | | | | | |
| 227 MLK JR BLVD, SUITE 303 | | | | | |
| MACON, GA_31201 | REAL ESTATE | | | | CFCG HOLDI NGS |
| NO EIN | HOLDI NGS | GA | 0. | 1, 500, 000. | LLC |

Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|-------------------------|---|----------------------------|--|-------------------------------------|
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

58-2053465 Page 2

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (F Dispr tion alloca | opor- iate | K-1 | ر) Gene mana parti | J) ral or aging ner? |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|-------------------------------|---------------|-------------|-----------------------------|-------------------------------|
| | | country) | | | | | Yes | No | (Form 1065) | Yes | No |
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| Part IV Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | | |
|---|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|--|--|--|
| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership | | | |
| | | | | | | | | | | |
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Part V Transactions With Related Organizations

(5)

(6) BAA

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV. | | | Yes No |
|---|---------------------------|-------------|----------------|
| 1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV | • | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity. | | 1a | Х |
| b Gift, grant, or capital contribution to other organization(s). | | | Х |
| c Gift, grant, or capital contribution from other organization(s) | | | Х |
| d Loans or loan guarantees to or for other organization(s). | | | Х |
| e Loans or loan guarantees by other organization(s). | | | Х |
| | | | |
| f Sale of assets to other organization(s). | | 1f | Х |
| g Purchase of assets from other organization(s). | | 1g | Х |
| h Exchange of assets | | 1h | Х |
| i Lease of facilities, equipment, or other assets to other organization(s) | | 1i | Х |
| | | | |
| j Lease of facilities, equipment, or other assets from other organization(s). | | 1j | Х |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | 1k | Х |
| I Performance of services or membership or fundraising solicitations by other organization(s) | | 11 | Х |
| m Sharing of facilities, equipment, mailing lists, or other assets | | 1m | Х |
| n Sharing of paid employees | | 1n | Х |
| | | | |
| o Reimbursement paid to other organization for expenses | | 10 | Х |
| p Reimbursement paid by other organization for expenses | | 1р | Х |
| | | | |
| q Other transfer of cash or property to other organization(s) | | 1q | Х |
| r Other transfer of cash or property from other organization(s). | | 1r | Х |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships | and transaction threshold | S. | |
| (A) Name of other organization | (B) Transaction |) Amount | C) involved |
| | type (a-r) | | |
| | | | |
| (1) | | | |
| | | | |
| (2) | | | |
| | | | |
| (3) | | | |
| | | | |
| (4) | | | |

Part VI Unrelated Organizations Taxable as a Partnership

| Provide the following information for each entity taxed as a partnership through which the organization c | conducted more than five percent of its activities (measured by total asset or gross |
|---|--|
| revenue) that was not a related organization. See Instructions regarding exclusion for certain investment | t partnerships. |

| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal Domicile (State or Foreign Country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Dispropor- tionate allocations? | | (G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1065) | (H) General or managing partner? | |
|---|-------------------------|--|---|----|---------------------------------------|--|----|---|---|-------|
| | | | Yes | No | | Yes | No | (| Yes | No |
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| BVV | | TEEAE0041 01/21/00 | 1 | | 1 | | | Schedule D (Forr | - 000) | (2000 |

| SCHEDULE O | Supplemental Information to Form 990 | | OMB No. 1545-0047 | | | |
|---|---|---------------------|-------------------|--|--|--|
| (Form 990) | n 990) G Attach to Form 990. To be completed by organizations to provide | | 2008 | | | |
| Department of the Treasury Internal Revenue Service | additional information for responses to specific questions for the | | | | | |
| Name of the organization <u>COMMUNITY</u> FOUN | DATION OF CENTRAL GA, INC. | Employer identifica | | | | |
| FORM 990, PA | ART VI, LINE 10 - FORM 990 REVIEW PROCESS | | | | | |
| AFTER REVIEW BY THE PRESIDENT AND BY THE CHIEF FINANCIAL OFFICER, THE 990 IS FURTHER | | | | | | |
| REVIEWED AND APPROVED FOR FILING BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. A | | | | | | |
| COPY OF THE 990 AS FILED IS PROVIDED TO EACH BOARD MEMBER ELECTRONICALLY. | | | | | | |
| FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C | | | | | | |
| BOARD AND STAFF MEMBERS COVERED BY THE CONFLICT OF INTEREST POLICY ARE REQUIRED TO | | | | | | |
| DISCLOSE CONFLICTS OF INTEREST ANNUALLY BY COMPLETING A QUESTIONNAIRE LISTING THE | | | | | | |
| | NS THEY OR THEIR SPOUSE SERVE, ARE EMPLOYED BY, OR WI | | | | | |
| BUSI NESS RE | | | | | | |
| | | | | | | |
| ANNUALLY. CO | VERED INDIVIDUALS ARE ALSO REQUIRED TO SIGN A STATEM | /ENT INDIC | ATING THEY | | | |
| | ED A COPY OF THE POLICY, HAVE READ AND UNDERSTAND IT, | | | | | |
| | AND AGREE TO DISCLOSE A POTENTIAL CONFLICT PRIOR TO | | | | | |
| | IBERATIONS OR MAKING ANY RELATED DECISIONS.IF THE BO | | | | | |
| THERE IS A CONFLICT OR THE APPEARANCE OF A CONFLICT, THE INDIVIDUAL AGREES TO ABSTAIN | | | | | | |
| FROM VOTING AND WILL NOT PARTICIPATE IN THE DISCUSSIONS OTHER THAN TO PROVIDE | | | | | | |
| INFORMATION OF A TECHNICAL NATURE OR ANSWER SPECIFIC QUESTIONS THAT MAY BE RAISED BY | | | | | | |
| OTHER BOARD MEMBERS. | | | | | | |
| | | | | | | |
| | STING FACH ROADD AND STAFE MEMBED AND ODCANIZATIONS | | | | | |
| A ROSTER LISTING EACH BOARD AND STAFF MEMBER AND ORGANIZATIONS FOR WHICH THEY HAVE | | | | | | |
| CONFLICTS OF INTEREST IS MAINTAINED BY THE FOUNDATION'S PRESIDENT. | | | | | | |
| | | | | | | |
| CONFLICTS OF INTEREST BROUGHT TO THE ATTENTION OF THE BOARD OF ITS COMMITTEES DURING | | | | | | |
| MEETINGS ARE IDENTIFIED IN THE OFFICIAL MINUTES OF THAT MEETING. | | | | | | |
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| Schedule O (Form 990) 2008 | Page 2 | | | | |
|---|---|--|--|--|--|
| Name of the organization COMMUNITY FOUNDATION OF CENTRAL GA, INC. | Employer identification number 58–2053465 | | | | |
| FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS | S FOR OFFICERS & KEY EMPLOYEES | | | | |
| THE PRESIDENT IS THE TOP MANAGEMENT OFFICIAL OF THE COMMUNITY | FOUNDATION. SHE | | | | |
| RECEIVES A PERFORMANCE AND COMPENSATION REVIEW ANNUALLY FROM T | HE EXECUTI VE COMMITTEE | | | | |
| OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE DETERMINES | COMPENSATION BASED ON | | | | |
| PERFORMANCE AND ON THE RESULT OF COMPARISONS WITH COMPENSATION OF OTHERS IN SIMILAR | | | | | |
| POSITIONS TO DETERMINE IF HER COMPENSATION IS FAIR AND REASONABLE. | | | | | |
| | | | | | |
| CHIEF FINANCIAL OFFICER RECEIVES A PERFORMANCE REVIEW FROM THE | PRESIDENT. HER | | | | |
| COMPENSATION IS DETERMINED BY THE PRESIDENT BASED UPON THE PER | FORMANCE_REVIEW_AND | | | | |
| WITHIN THE BUDGETARY GUIDELINES APPROVED BY THE BOARD OF DIREC | TORS. AS PART OF THIS | | | | |
| PROCESS VARIOUS OUTSIDE SALARY SURVEYS ARE USED TO ASSIST IN D | ETERMINING ANY | | | | |
| ADJUSTMENTS. | | | | | |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A | VAILABLE | | | | |
| THE GOVERNING DOCUMENTS , AUDITED FINANCIAL STATEMENTS, CONFLI | CT OF INTEREST POLICY, | | | | |
| AND THE FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE | IRS FORM 990 IS | | | | |
| AVAI LABLE ONLI NE AT WWW. GUI DESTAR. ORG. | | | | | |
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