

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2015** calendar year, or tax year beginning **7/01**, 2015, and ending **6/30**, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C **COMMUNITY FOUNDATION OF CENTRAL GA, INC.**
577 MULBERRY STREET #1600
MACON, GA 31201

D Employer identification number
58-2053465

E Telephone number
478-750-9338

G Gross receipts \$ **20,173,364.**

F Name and address of principal officer: **KATHRYN H DENNIS**
SAME AS C ABOVE

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

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

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

J Website: **WWW.CFCGA.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1993**

M State of legal domicile: **GA**

H(c) Group exemption number **▶**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF CENTRAL GEORGIA.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	26
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,553,735.	6,667,443.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,824,303.	3,851,338.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-400.	-206.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,377,638.	10,518,575.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,166,301.	5,255,468.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	511,804.	548,068.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,576.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	994,825.	924,200.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,672,930.	6,727,736.	
19 Revenue less expenses. Subtract line 18 from line 12	5,704,708.	3,790,839.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	106,106,157.	106,372,240.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,407,766.	24,446,216.
		81,698,391.	81,926,024.

Part II Signature Block

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

Sign Here

Signature of officer: *Kathryn H. Dennis* Date: **12/16/16**

KATHRYN H. DENNIS PRESIDENT

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: **JAMES H. WANSLEY** Preparer's signature: *James H. Wansley* Date: **12/05/16** Check if self-employed PTIN: **P00159914**

Firm's name: **BUTLER WILLIAMS & WYCHE, LLP** Firm's EIN: **58-0653763**

Firm's address: **915 HILL PARK** Phone no.: **(478) 742-3676**

MACON, GA 31201

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF CENTRAL GEORGIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,566,125. including grants of \$ 5,255,468.) (Revenue \$)

WE ARE A COMMUNITY FOUNDATION, OFFERING OUR DONORS THE OPPORTUNITY TO CREATE A LASTING LEGACY BY ESTABLISHING THEIR OWN CHARITABLE FUNDS AND TO SUPPORT THE CAUSES IN WHICH THEY BELIEVE. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY FOR THE BENEFIT OF THE TWENTY-ONE COUNTIES COMPRISING THE CENTRAL GEORGIA REGION. WE SUPPORT AREA NON-PROFITS THROUGH OUR COMMUNITY GRANT PROGRAM AND AREA STUDENTS THROUGH OUR SCHOLARSHIP PROGRAMS.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,566,125.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 14		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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. 2 a 8		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b		
13 c	Enter the amount of reserves on hand 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 26		
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? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	X	
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15 b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
HAZLE HAMILTON 577 MULBERRY STREET STE 1600 MACON GA 31201 478-750-9338

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK BYRD BOARD MEMBER	2 0	X						0.	0.	0.
(2) JULIA G BALDWIN BOARD MEMBER	1 0	X						0.	0.	0.
(3) MALCOLM S BURGESS, JR BOARD MEMBER	2 0	X						0.	0.	0.
(4) ROBERT F HATCHER, JR BOARD MEMBER	1 0	X						0.	0.	0.
(5) VIRGIL ADAMS BOARD MEMBER	1 0	X						0.	0.	0.
(6) DAVE CARTY BOARD MEMBER	1 0	X						0.	0.	0.
(7) RONNIE D ROLLINS TREASURER	2 0	X		X				0.	0.	0.
(8) JACQUELINE G SCOTT SECRETARY	0.5 0	X		X				0.	0.	0.
(9) STEVE L KRUGER BOARD MEMBER	1 0	X						0.	0.	0.
(10) EUGENE M MADDUX BOARD MEMBER	0.5 0	X						0.	0.	0.
(11) ELEANOR A LANE BOARD MEMBER	1 0	X						0.	0.	0.
(12) RUTH A KNOX BOARD MEMBER	1 0	X						0.	0.	0.
(13) CAMILLE HOPE BOARD MEMBER	0.5 0	X						0.	0.	0.
(14) JEFF MANLEY BOARD MEMBER	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) KATHY O'NEAL BOARD MEMBER	2 0	X					0.	0.	0.
(16) TERRY I PARKER BOARD MEMBER	1 0	X					0.	0.	0.
(17) NEAL L TALTON BOARD MEMBER	1 0	X					0.	0.	0.
(18) THERESA L ROBINSON BOARD MEMBER	1 0	X					0.	0.	0.
(19) TIENA FLETCHER BOARD MEMBER	2 0	X					0.	0.	0.
(20) JAMES A MANLEY, III BOARD MEMBER	1 0	X					0.	0.	0.
(21) CHRIS R SHERIDAN, JR BOARD MEMBER	2 0	X					0.	0.	0.
(22) G BOONE SMITH, III BOARD CHAIR	1 0	X		X			0.	0.	0.
(23) SCOTT W SPIVEY BOARD MEMBER	2 0	X					0.	0.	0.
(24) KATHRYN H DENNIS PRES & BD MEMB	40 0	X		X			154,254.	0.	21,893.
(25) CHARLOTTE B BOGLE BOARD MEMBER	2 0	X					0.	0.	0.
1 b Sub-total							266,207.	0.	41,053.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							266,207.	0.	41,053.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2									

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE ,		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

Continuation Sheet for Form 990

2015

Department of the Treasury
Internal Revenue Service

Name of the Organization: **COMMUNITY FOUNDATION OF CENTRAL GA, INC.** Employer Identification number: **58-2053465**

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
TERRY A HENDERSON ----- BOARD MEMBER	1 ----- 0	X							0.	0.	0.
JOHN D HOUSER ----- BOARD MEMBER	1 ----- 0	X							0.	0.	0.
HARRIET W HAMILTON ----- EXEC VICE PRES	40 ----- 0			X					111,953.	0.	19,160.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 1,030.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 6,666,413.				
	g Noncash contributions included in lines 1a-1f: \$	2,410,620.				
	h Total. Add lines 1a-1f	▶ 6,667,443.				
Program Service Revenue	2 a NONE	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 2,585,413.			2,585,413.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	10918553.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	9,652,628.			
		c Gain or (loss)	1,265,925.			
	d Net gain or (loss)	▶ 1,265,925.			1,265,925.	
	8 a Gross income from fundraising events (not including \$ 1,030. of contributions reported on line 1c). See Part IV, line 18	a	1,955.			
		b Less: direct expenses	b 2,161.			
c Net income or (loss) from fundraising events		▶ -206.			-206.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
11 a Miscellaneous Revenue	Business Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶ 10,518,575.	0.	0.	3,851,132.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,132,083.	5,132,083.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	123,385.	123,385.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	280,000.	68,250.	123,550.	88,200.
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	176,678.	96,921.	52,918.	26,839.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,621.	13,245.	14,151.	9,225.
9 Other employee benefits	23,110.	9,938.	9,012.	4,160.
10 Payroll taxes	31,659.	11,450.	12,234.	7,975.
11 Fees for services (non-employees):				
a Management				
b Legal	5,661.	2,434.	2,208.	1,019.
c Accounting	23,608.	10,152.	9,207.	4,249.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	562,852.		562,852.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	875.	376.	341.	158.
12 Advertising and promotion				
13 Office expenses	16,824.	7,234.	6,562.	3,028.
14 Information technology	46,553.	20,018.	18,156.	8,379.
15 Royalties				
16 Occupancy	42,060.	18,086.	16,403.	7,571.
17 Travel	23,877.	10,267.	9,312.	4,298.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,025.	6,031.	5,470.	2,524.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,784.	1,627.	1,476.	681.
23 Insurance	11,568.	587.	10,573.	408.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>COMMUNICATIONS</u>	77,048.	17,620.		59,428.
b <u>DONOR DEVELOPMENT</u>	54,253.			54,253.
c <u>DUES & PUBLICATIONS</u>	26,870.	11,554.	10,479.	4,837.
d <u>TELEPHONE</u>	7,297.	3,138.	2,846.	1,313.
e All other expenses	7,045.	1,729.	3,285.	2,031.
25 Total functional expenses. Add lines 1 through 24e	6,727,736.	5,566,125.	871,035.	290,576.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	37,442.	1	15,619.
	2 Savings and temporary cash investments	3,826,973.	2	4,289,368.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	73,500.	7	109,686.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,796.	9	19,539.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 230,906.		
	b Less: accumulated depreciation	10b 223,832.	10,858.	10c 7,074.
	11 Investments – publicly traded securities	74,543,623.	11	75,018,003.
	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	27,590,965.	15	26,912,951.
16 Total assets. Add lines 1 through 15 (must equal line 34)	106,106,157.	16	106,372,240.	
Liabilities	17 Accounts payable and accrued expenses	5,389.	17	1,109.
	18 Grants payable	16,500.	18	402,915.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,385,877.	25	24,042,192.
	26 Total liabilities. Add lines 17 through 25	24,407,766.	26	24,446,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	71,233,291.	27	71,826,666.
	28 Temporarily restricted net assets	10,465,100.	28	10,099,358.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	81,698,391.	33	81,926,024.
	34 Total liabilities and net assets/fund balances	106,106,157.	34	106,372,240.

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Form 990 (2015)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,518,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,727,736.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,790,839.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,698,391.
5	Net unrealized gains (losses) on investments	5	-3,634,743.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	71,537.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,926,024.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF CENTRAL GA, INC.	Employer identification number 58-2053465
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	3,935,982.	6,014,739.	21686331.	8,553,735.	6,667,443.	46,858,230.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	3,935,982.	6,014,739.	21686331.	8,553,735.	6,667,443.	46,858,230.
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).						6,543,642.
6 Public support. Subtract line 5 from line 4.						40,314,588.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	3,935,982.	6,014,739.	21686331.	8,553,735.	6,667,443.	46,858,230.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,677,815.	1,621,402.	2,334,598.	2,768,323.	2,585,413.	10,987,551.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	-14,828.	-21,515.	-50,448.	-400.	-206.	-87,397.
11 Total support. Add lines 7 through 10.						57,758,384.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	69.80 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	73.31 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes.....	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4	Amounts paid to acquire exempt-use assets.....	
5	Qualified set-aside amounts (prior IRS approval required).....	
6	Other distributions (describe in Part VI). See instructions.....	
7	Total annual distributions. Add lines 1 through 6.....	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9	Distributable amount for 2015 from Section C, line 6.....	
10	Line 8 amount divided by Line 9 amount.....	

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

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
TOTAL	\$ -206.	\$ -400.	\$ -50,448.	\$ -21,515.	\$ -14,828.
	<u>\$ -206.</u>	<u>\$ -400.</u>	<u>\$ -50,448.</u>	<u>\$ -21,515.</u>	<u>\$ -14,828.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	119	4
2 Aggregate value of contributions to (during year)	3,662,675.	
3 Aggregate value of grants from (during year)	2,890,479.	34,500.
4 Aggregate value at end of year	42,279,131.	671,855.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____
- (ii) Assets included in Form 990, Part X. ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____
- b Assets included in Form 990, Part X. ▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	78,400,443.	77,828,656.	59,995,733.	53,113,402.	54,413,280.
b Contributions	4,325,047.	5,596,055.	12,387,644.	3,976,860.	3,283,130.
c Net investment earnings, gains, and losses	-309,964.	-784,030.	10,277,186.	6,109,215.	-991,398.
d Grants or scholarships	-4,018,164.	-3,651,864.	-3,013,322.	-2,728,234.	-3,120,324.
e Other expenditures for facilities and programs	-101,049.	-26,242.	-1,314,061.	-43,387.	-66,033.
f Administrative expenses	-740,258.	-562,132.	-504,524.	-432,123.	-405,254.
g End of year balance	77,556,055.	78,400,443.	77,828,656.	59,995,733.	53,113,402.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		230,906.	223,832.	7,074.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 7,074.

Part VII Investments – Other Securities.

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD IN SPLIT INTEREST AGREEMENTS	25,652,640.
(2) COLLECTIONS	12,000.
(3) CONTRIBUTIONS RECEIVABLE	243,500.
(4) INTEREST & DIVIDENDS RECEIVABLE	82,811.
(5) PROPERTY HELD FOR RESALE	922,000.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	26,912,951.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED ANNUAL LEAVE	4,707.
(3) AGENCY ENDOWMENTS	8,250,832.
(4) LIABILITIES UNDER SPLIT INT. AGREEM	15,786,653.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	24,042,192.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,061,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-3,634,743.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	41,558.
	e Add lines 2a through 2d	2e	-3,593,185.
3	Subtract line 2e from line 1	3	9,654,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.) SEE PART XIII	4b	863,672.
	c Add lines 4a and 4b	4c	863,672.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,518,575.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	5,834,085.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,834,085.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.) SEE PART XIII	4b	893,651.
	c Add lines 4a and 4b	4c	893,651.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,727,736.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ENDOWMENT FUNDS ARE TO BE USED FOR CHARITABLE GRANTS IN ACCORDANCE WITH FOUNDATION'S MISSION OF ENHANCING THE QUALITY OF LIFE FOR THE PEOPLE OF CENTRAL GEORGIA.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGE IN SPLIT INTEREST TRUST	\$	41,558.
TOTAL	\$	<u>41,558.</u>

Part XIII Supplemental Information *(continued)***SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

ASC BOOK \ TAX DIFFERENCE.....	\$ 863,672.
TOTAL	<u>\$ 863,672.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

ASC BOOK \ TAX DIFFERENCE.....	\$ 893,651.
TOTAL	<u>\$ 893,651.</u>

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SCHEDULE ATTACHED ----- -----			4,483,577.	0.			
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 127

3 Enter total number of other organizations listed in the line 1 table ▶ 6

(a) Name of Organization	(a) Recipient Address Block	(a) Recipient City	(a) Recipient State	(a) Recipient Zip	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(h) Purpose of Grant or Assistance
100 Black Men of Macon-Middle Georgia, Inc.	P.O. Box 2363	Macon	GA	31203	58-2221295	501c(3)	\$ 12,500	Career Fest
Abundant Life Soup Kitchen, Inc.	132 North Tenth Street	Griffin	GA	30223	59-3762964	501c(3)	\$ 6,690	General contribution
Advocacy Resource Center of Macon	4664 Sheraton Drive	Macon	GA	31210	58-0836285	501c(3)	\$ 12,500	Renovation of Kitchen at Residential Group Home
Alzheimer's Association - Central Georgia	886 Mulberry Street	Macon	GA	31201	58-1492046	501c(3)	\$ 15,000	Macon Community Outreach Center Technology
Alzheimer's Association - Central Georgia	886 Mulberry Street	Macon	GA	31201	58-1492046	501c(3)	\$ 500	General contribution
Alzheimer's Association - Central Georgia	886 Mulberry Street	Macon	GA	31201	58-1492046	501c(3)	\$ 1,000	Family and professional caregiver education
Alzheimer's Association - Central Georgia	886 Mulberry Street	Macon	GA	31201	58-1492046	501c(3)	\$ 4,400	Dancing with the Stars
Angel Flight Soars	2000 Airport Road Suite 227	Atlanta	GA	30341	58-1702239	501c(3)	\$ 15,000	Fly a Georgia Patient Program
Annandale Village	3500 Annandale Lane	Suwanee	GA	30024	58-6081470	501c(3)	\$ 350,000	Matching grant for the completion of the Assisted Living Center for citizens with developmental disabilities
Asbury University	1 Macklem Drive	Wilmore	KY	40390	61-0458355	501c(3)	\$ 30,000	General contribution
Austin Smith Center For Development Inc.	121 Horseshoe Bend Court	Macon	GA	31211	46-1108551	501c(3)	\$ 2,500	Keep America Beautiful Iron Eyes Cody Award Ceremony
Austin Smith Center For Development Inc.	121 Horseshoe Bend Court	Macon	GA	31211	46-1108551	501c(3)	\$ 5,000	National Resident Shalom Zone Leadership Training
Bibb County School District	484 Mulberry Street	Macon	GA	31201	58-6000191	Government Entity	\$ 12,000	for the Leader In Me project
Bibb County Sheriff's Office	P.O. Box 930	Macon	GA	31202	46-3992371	Government Entity	\$ 7,000	Support for the Youth CHAMPS program
Big Brothers Big Sisters of the Heart of Georgia	2720 Riverside Drive, Suite 123	Macon	GA	31204	58-0707593	501c(3)	\$ 15,000	Read 2 Succeed Mentoring
Big Brothers Big Sisters of the Heart of Georgia	2720 Riverside Drive, Suite 123	Macon	GA	31204	58-0707593	501c(3)	\$ 1,200	Mentoring children of prisoners
Big Brothers Big Sisters of the Heart of Georgia	2720 Riverside Drive, Suite 123	Macon	GA	31204	58-0707593	501c(3)	\$ 1,400	Read2Succeed program
Big Brothers Big Sisters of the Heart of Georgia	2720 Riverside Drive, Suite 123	Macon	GA	31204	58-0707593	501c(3)	\$ 500	General Contribution
Big Brothers Big Sisters of the Heart of Georgia	2720 Riverside Drive, Suite 123	Macon	GA	31204	58-0707593	501c(3)	\$ 3,000	Read to Succeed Mentoring - Mentoring for Success
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 10,000	Scoutreach "Preparing Youth for Life"
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 4,000	Fort Valley Scouting Programs
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 1,200	Scouting programs in Bibb County
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 1,000	General contribution
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 300	General Contribution
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 1,725	General contribution
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 500	2016 Friends of Scouting Campaign
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 1,000	General contribution
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$ 1,200	Support for new club, King Danforth Boys and Girls Club
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$ 500	General Contribution
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$ 1,000	General contribution
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$ 15,000	Project Learn-King Danforth
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$ 736	General contribution
Bragg Jam, Inc.	P.O. Box 6161	Macon	GA	31208	113749741	501c(3)	\$ 3,191	Support for the Soapbox Derby
Bragg Jam, Inc.	P.O. Box 6161	Macon	GA	31208	113749741	501c(3)	\$ 12,500	Magnolia Soap Box Derby and travel expenses to participate in city exchange.
Brave Meadows Therapeutic Riding Center	1094 Eatonton Highway	Gray	GA	31032	20-3199462	501c(3)	\$ 1,500	Therapeutic riding lessons for people of all ages with physical or emotional problems and support for the care of horses
Brave Meadows Therapeutic Riding Center	1094 Eatonton Highway	Gray	GA	31032	20-3199462	501c(3)	\$ 2,000	Therapy Horse Fund

(a) Name of Organization	(a) Recipient Address Block	(a) Recipient City	(a) Recipient State	(a) Recipient Zip	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(h) Purpose of Grant or Assistance
Brave Meadows Therapeutic Riding Center	1094 Eatontown Highway	Gray	GA	31032	20-3199462	501c(3)	\$ 1,500	Therapeutic riding lessons for people of all ages with physical or emotional problems and support for the care of horses
Brave Meadows Therapeutic Riding Center	1094 Eatontown Highway	Gray	GA	31032	20-3199462	501c(3)	\$ 1,500	Therapeutic riding lessons for people of all ages with physical or emotional problems and support for the care of horses
Brave Meadows Therapeutic Riding Center	1094 Eatontown Highway	Gray	GA	31032	20-3199462	501c(3)	\$ 1,500	Therapeutic riding lessons for people of all ages with physical or emotional problems and support for the care of horses
Brave Meadows Therapeutic Riding Center	1094 Eatontown Highway	Gray	GA	31032	20-3199462	501c(3)	\$ 1,500	Therapeutic riding lessons for people of all ages with physical or emotional problems and support for the care of horses
Cafe Central	Freedom Church 500 Underwood Drive	Milledgeville	GA	31061	32-0449433	501c(3)	\$ 1,500	Feeding over 500 every week and over 1000 on Thanksgiving and Christmas
Cafe Central	Freedom Church 500 Underwood Drive	Milledgeville	GA	31061	32-0449433	501c(3)	\$ 1,500	Feeding over 500 every week and over 1000 on Thanksgiving and Christmas
Cafe Central	500 Underwood Drive	Milledgeville	GA	31061	32-0449433	501c(3)	\$ 1,500	Feeding over 500 every week and over 1000 on Thanksgiving and Christmas
Cafe Central	500 Underwood Drive	Milledgeville	GA	31061	32-0449433	501c(3)	\$ 1,500	Feeding over 500 every week and over 1000 on Thanksgiving and Christmas
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 1,550	General contribution
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 5,600	Heating system repair
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 1,000	General contribution
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 10,000	Camp scholarships
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 400	Camperships for Bob Hoffman Basketball Camp
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 400	General contribution
Cannonball House	856 Mulberry Street	Macon	GA	31201	58-1740130	501c(3)	\$ 5,000	Maintenance and house improvements
Cannonball House	856 Mulberry Street	Macon	GA	31201	58-1740130	501c(3)	\$ 500	General contribution
Centenary Community Ministries, Inc.	1290 College Street	Macon	GA	31201	80-0307351	501c(3)	\$ 4,000	Heard in East Macon: Stories from Macon's First Neighborhood
Centenary Community Ministries, Inc.	1290 College Street	Macon	GA	31201	80-0307351	501c(3)	\$ 6,000	General contribution
Centenary Community Ministries, Inc.	1290 College Street	Macon	GA	31201	80-0307351	501c(3)	\$ 1,000	Support for programming for the Beall's Hill Community Garden
Centenary Community Ministries, Inc.	1290 College Street	Macon	GA	31201	80-0307351	501c(3)	\$ 3,300	Memory and Music Program at the Blair House
Choral Society of Middle Georgia	P.O. Box 5478	Macon	GA	31208	58-1396969	501c(3)	\$ 7,000	Concert Series 2015-2016
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 1,250	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 5,000	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 3,500	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 1,250	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 1,500	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 1,100	Support for the church
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 800	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 1,500	General contribution
City of Milledgeville	P.O. Box 1900	Milledgeville	GA	31059	58-6000624		\$ 15,000	Black Heritage Plaza Redevelopment
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 12,800	For the endowment fund
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 6,000	General contribution
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 25	General contribution
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 5,000	General contribution
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 3,000	General contribution
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 100	General contribution
Crisis Line - Safe House of Middle Georgia	487 Cherry Street Third Floor Cherry Street Tower	Macon	GA	31201	58-1329248	501c(3)	\$ 15,000	Furniture replacement and Client Advocacy and Assistance
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 1,000	For items needed by Jericho Way, Little Rock, Arkansas

(a) Name of Organization	(a) Recipient Address Block	(a) Recipient City	(a) Recipient State	(a) Recipient Zip	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(h) Purpose of Grant or Assistance
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 2,000	For Jericho Way, Little Rock.
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 1,000	Transportation support for clients of Daybreak in Macon, GA.
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 1,400	For Daybreak Homeless Day Shelter in Macon, GA
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 2,500	Daybreak Health Clinic
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 500	Support for the Daybreak Sleepout
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 500	Support for the Daybreak Sleepout
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 1,000	Prescription medicine for clients of Daybreak
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 1,000	Support for the Daybreak Sleepout
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 10,000	Architectural Plans for Macon Building
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 600	New washing machine for Daybreak
Douglas-Coffee County Economic Development Authority	114 N. Peterson Avenue	Douglas	GA	31533	58-1191042	Government Entity	\$ 29,345	Economic Development Projects in Coffee County
Douglas-Coffee County Economic Development Authority	114 N. Peterson Avenue	Douglas	GA	31533	58-1191042	Government Entity	\$ 6,861	Economic Development Projects in Coffee County
Easter Seals Southern Georgia	1906 Palmyra Road	Albany	GA	31701-7061	58-1915733	501c(3)	\$ 66,000	Annual distribution
Emory University	Office of Gift Records 1762 Clifton Road, Suite 1400	Atlanta	GA	30322	58-0566256	501c(3)	\$ 1,000	General contribution
Emory University	815 Houston Mill Road	Atlanta	GA	30322	58-0566256	501c(3)	\$ 25,000	Scholarship fund
Emory University	815 Houston Mill Road	Atlanta	GA	30322	58-0566256	501c(3)	\$ 12,500	Scholarship fund
Emory University	815 Houston Mill Road	Atlanta	GA	30322	58-0566256	501c(3)	\$ 12,500	Scholarship fund
Family Advancement Ministries	570 High Place	Macon	GA	31201	581941915	501c(3)	\$ 500	General contribution
Family Advancement Ministries	570 High Place	Macon	GA	31201	581941915	501c(3)	\$ 5,000	Georgia Gives Day Matching grant
Family Advancement Ministries	570 High Place	Macon	GA	31201	581941915	501c(3)	\$ 5,000	General contribution
First Baptist Church of Forsyth	95 W. Morse Street	Forsyth	GA	31029	20-8121953	501c(3)	\$ 4,000	General contribution
First Baptist Church of Forsyth	95 W. Morse Street	Forsyth	GA	31029	20-8121953	501c(3)	\$ 4,000	General contribution
First Baptist Church of Forsyth	95 W. Morse Street	Forsyth	GA	31029	20-8121953	501c(3)	\$ 4,000	General contribution
First Baptist Church of Forsyth	95 W. Morse Street	Forsyth	GA	31029	20-8121953	501c(3)	\$ 4,000	General contribution
First Baptist Church of Gray	134 West Clinton Street	Gray	GA	31032	58-1313496	501c(3)	\$ 50,000	Flooring in Sanctuary and Children's Center
First Presbyterian Church of Highlands, NC	P.O. Box 548	Highlands	NC	28741	56-1260777	501c(3)	\$ 10,000	Music Fund
First Presbyterian Day School	5671 Calvin Drive	Macon	GA	31210	58-1083283	501c(3)	\$ 1,500	General contribution
First Presbyterian Day School	5671 Calvin Drive	Macon	GA	31210	58-1083283	501c(3)	\$ 12,500	Tennis courts
Five Loaves & Two Fish Food Pantry	409 West Soloman Street	Griffin	GA	30223	58-1883884	501c(3)	\$ 13,381	General contribution
Forest Hills United Methodist Church	1217 Forest Hill Road	Macon	GA	31210	58-1095177	501c(3)	\$ 14,000	General contribution
Fort Valley United Methodist Church	301 W. Church Street	Fort Valley	GA	31030	58-0669993	501c(3)	\$ 8,152	General Budget
Friends of Macon Music	107 Gateway Drive, Suite B	Macon	GA	31210	47-5398207		\$ 10,000	Pop up piano project in downtown Macon, expenditure responsibility completed
Friends of Tattall Square Park	1493 Chestnut Street	Macon	GA	31201	46-0960667	501c(3)	\$ 700	Brick project in Tattall Square Park
Friends of Tattall Square Park	1083 Washington Street	Macon	GA	31201	46-0960667	501c(3)	\$ 550	Construction and installation of bluebird boxes in the Park.
Friends of Tattall Square Park	1083 Washington Street	Macon	GA	31201	46-0960667	501c(3)	\$ 4,500	To publish the Frogs of Tattall Square Park book
Genesis Joy House Homeless Shelter, Inc.	P.O. Box 6425	Warner Robins	GA	31095	27-4421437	501c(3)	\$ 15,000	Genesis Joy House Homeless Shelter

(a) Name of Organization	(a) Recipient Address Block	(a) Recipient City	(a) Recipient State	(a) Recipient Zip	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(h) Purpose of Grant or Assistance
Georgia Avenue Community Ministry	645 Grant St., SE	Atlanta	GA	30312	27-0000606	501c(3)	\$ 16,200	Support to purchase a vehicle to be used for meal delivery
Georgia Avenue Community Ministry	645 Grant St., SE	Atlanta	GA	30312	27-0000606	501c(3)	\$ 1,620	Support for improvements to new food truck
Georgia Avenue Community Ministry	645 Grant St., SE	Atlanta	GA	30312	27-0000606	501c(3)	\$ 3,000	General contribution
Georgia Industrial Children's Home, a campus of Twin Cedars	Twin Cedars P.O. Box 1526	Lagrange	GA	30241	58-0593405	501c(3)	\$ 7,500	HVAC Unit for Mumford Hall at Georgia Industrial Children's Home
Georgia Industrial Children's Home, a campus of Twin Cedars	4690 North Mumford Road	Macon	GA	31210	58-0593405	501c(3)	\$ 15,000	Vehicle Replacement
Georgia Industrial Children's Home, a campus of Twin Cedars	4690 North Mumford Road	Macon	GA	31210	58-0593405	501c(3)	\$ 1,500	Support for vehicle replacement
Georgia Industrial Children's Home, a campus of Twin Cedars	P.O. Box 1526	Lagrange	GA	30241	58-1413499	501c(3)	\$ 10,000	General contribution
Georgia Industrial Children's Home, a campus of Twin Cedars	4690 North Mumford Road	Macon	GA	31210	58-0593405	501c(3)	\$ 2,000	Believe Recruitment Campaign Georgia Industrial Children's Home
Georgia Research Alliance	191 Peachtree Street, NE Suite 849	Atlanta	GA	30303	58-1901815	501c(3)	\$ 10,000	General contribution
Georgia Sports Alliance	2819 Heath Road	Macon	GA	31206	27-4815890	501c(3)	\$ 10,000	Support for Roaring Thunder marching band program for school year 2015-2016
Georgia Sports Alliance	2819 Heath Road	Macon	GA	31206	27-4815890	501c(3)	\$ 1,022	Football All-Stars
Georgia Sports Alliance	2819 Heath Road	Macon	GA	31206	27-4815890	501c(3)	\$ 5,000	Support for Roaring Thunder All Star Marching Band
Grand Opera House	400 Poplar Street	Macon	GA	31201	58-0566167	501c(3)	\$ 500	General contribution
Grand Opera House	400 Poplar Street	Macon	GA	31201	58-0566167	501c(3)	\$ 1,100	Support for the Grand Opera House
Grand Opera House	400 Poplar Street	Macon	GA	31201	58-0566167	501c(3)	\$ 20,200	Support for the Grand Opera House
Griffin-Spalding County United Way	P.O. Box 83	Griffin	GA	30224	58-6044667	501c(3)	\$ 77,004	General contribution
Harrisburg Progressive Citizens Association	P.O. Box 223	Hardwick	GA	31034			\$ 7,431	Harrisburg Technology Education, expenditure responsibility completed
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 500	For the Historic Macon Operating Fund
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 200	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 2,000	Support for visit by National Trust for Historic Preservation
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 200	Annual Meeting support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 5,000	Improvements to the Sidney Lanier Cottage
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 149	General contribution
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 90,000	Support for the relocation of Historic Macon Foundation offices.
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 1,500	Support to continue compiling a list of endangered historic properties
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 31	Printing of Rose Hill Report.
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 152	Rose Hill Ramble and Christmas decor at the Main Gate
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 5,000	Matching grant for the purchase of a new office building for Historic Macon
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 324	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Support for improvements to clean-up stations at dog park
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 400	Remove paint and graffiti from monuments in Rose Hill Cemetery
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 250	General contribution
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 100	Website support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 500	General support
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 30,000	Ocmulgee Heritage Trail- Rose Hill Cemetery Planning
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 7,000	Smarter Commissioners = Better Communities
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$ 4,300	For the benefit of the Sidney Lanier Cottage

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Historic Riverside Cemetery Conservancy	P.O. Box 373	Macon	GA	31202	20-3562569	501c(3)	\$ 1,000	Support for Spirits in October
Historic Riverside Cemetery Conservancy	P.O. Box 373	Macon	GA	31202	20-3562569	501c(3)	\$ 10,000	Madison Street – Ocmulgee Heritage Trail – Historic Cemeteries Improvement
Historic Riverside Cemetery Conservancy	P.O. Box 373	Macon	GA	31202	20-3562569	501c(3)	\$ 3,000	General contribution
Hodac, Inc.	2762 Watson Blvd.	Warner Robins	GA	31093	58-1333698	501c(3)	\$ 15,000	Hodac Reality Check Violence Prevention Community Awareness Initiative
Holy Spirit Catholic Parish & School	201 44th Street South	Great Falls	MT	59405	81-0430994	501c(3)	\$ 8,500	General contribution
Hope Health Clinic	409 West Solomon Street	Griffin	GA	30223	58-1131002	501c(3)	\$ 15,153	General contribution
Housing Economic Reinvestment Opportunities, Inc.	2015 Felton Avenue	Macon	GA	31201	26-4311505	501c(3)	\$ 15,000	Tindall Heights Accessible Housing Units
InTown Macon Neighborhood Association	P.O. Box 4811	Macon	GA	31208	58-7702130	501c(3)	\$ 5,474	Coleman Hill Stage Project
InTown Macon Neighborhood Association	P.O. Box 4811	Macon	GA	31208	58-7702130	501c(3)	\$ 62,291	Coleman Hill Stage Project
InTown Macon Neighborhood Association	P.O. Box 4811	Macon	GA	31208	58-7702130	501c(3)	\$ 8,736	InTown Macon Banners
Jasper County Mentor Program, Inc.	1401 College Street	Monticello	GA	31064	61-1560663	501c(3)	\$ 7,000	Focus on the Arts: Educational Experience
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 500	General contribution
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 257	Daisy Park Improvements
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 2,400	Completion of the water feature in Daisy Park
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 1,000	A general contribution
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 1,000	Christmas Party support
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 500	General contribution
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 250	General contribution
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 2,000	Camp Hope 4 Kids with Cancer
Jewish Federation of Macon & Middle Georgia	Post Office Box 28590	Macon	GA	31221	58-1995040	501c(3)	\$ 4,300	General contribution
Jewish Federation of Macon & Middle Georgia	Post Office Box 28590	Macon	GA	31221	58-1995040	501c(3)	\$ 1,000	General contribution
Jewish Federation of Macon & Middle Georgia	Post Office Box 28590	Macon	GA	31221	58-1995040	501c(3)	\$ 500	General contribution
Keep Macon Bibb Beautiful Commission	794 Cherry Street	Macon	GA	31201	581195381	501c(1)	\$ 6,785	Park Dog Waste Disposal Stations
Kingdom Life	P.O. Box 4281	Macon	GA	31208	90-0766749	501c(3)	\$ 8,000	Education by Exposure
Lamar County Elementary School	228 Roberta Drive	Barnesville	GA	30204	586000273	Government Entity	\$ 2,693	Learning without Walls
Lamar County Elementary School	228 Roberta Drive	Barnesville	GA	30204	586000273	Government Entity	\$ 804	Learning Math with Legos
Lamar County Elementary School	228 Roberta Drive	Barnesville	GA	30204	586000273	Government Entity	\$ 2,000	A Dramatically Different Experience
Lamar County Middle School	100 Burnette Road	Barnesville	GA	30204	586000273	Government Entity	\$ 1,758	Questioning Scientific Claims Through Socratic Seminar
Lamar County Middle School	100 Burnette Road	Barnesville	GA	30204	586000273	Government Entity	\$ 2,606	Vital Signs for Students
Lamar County Primary School	154 Burnette Road	Barnesville	GA	30204	586000273	Government Entity	\$ 1,570	Camera for Creativity and Community
Lamar County Primary School	154 Burnette Road	Barnesville	GA	30204	586000273	Government Entity	\$ 1,522	Sensational Science for Students
Lamar County School System	100 Victory Lane	Barnesville	GA	30204	586000273	Government Entity	\$ 250	Support for the CTAE Program
Lamar County Schools System	100 Victory Lane	Barnesville	GA	30204	586000273	Government Entity	\$ 2,000	REACH GA Program
LIFE League, Inc.	P.O. Box 92	Kathleen	GA	31047	47-1803447	501c(3)	\$ 15,000	LIFE League Summer 2016 Project
LIFE League, Inc.	P.O. Box 92	Kathleen	GA	31047	47-1803447	501c(3)	\$ 250	Summer 2016 support

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Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 2,100	Support for the food bank
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 500	General contribution
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 500	General contribution
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 500	General contribution
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 500	Unrestricted contribution
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 4,000	Support for prescription medications for clients
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 25,000	General contribution
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 2,000	For grocery and picture ID use
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 767	Mill Hill Arts Village full color imprinted hand fans for summer activities and community gatherings.
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 8,350	To fund Americans for the Arts "Arts and Economic Prosperity V: The Economic Impact of Nonprofit Arts & Cultural Organizations and Agencies in Macon-Bibb County.
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 1,100	Staff development
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 1,000	Mill Hill House Renovation Fund
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 1,000	Mill Hill House Renovation Fund
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 15,000	Mill Hill Artist Residency and Neighborhood Cultural Planning Process
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 3,000	Mill Hill Artist Residency and Neighborhood Cultural Planning Process
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 250	Mill Hill Project
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 150	Mill Hill Project
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 1,000	General contribution
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 1,000	Macon Art Village
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 211,000	Challenge grant for Phase 1 of the Mill Hill Project
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 18,000	East to West Art Walk
Macon Civic Club Charitable Association	P.O. Box One	Macon	GA	31201	58-2087375	501c(3)	\$ 10,000	General contribution
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 12,557	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 8,236	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 33,498	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 21,266	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 15,000	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 28,843	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 25,855	Economic Development Projects in Bibb County
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 10,327	Economic Development Projects in Bibb County
Macon Film Guild	P.O. Box 18044	Macon	GA	31209	58-2144806	501c(3)	\$ 6,000	To support development and implementation of a plan for Macon Film Guild's future operational, governing and marketing to assure continued viability.
Macon Georgia Cherry Blossom Festival, Inc.	794 Cherry Street	Macon	GA	31201	58-1648127	501c(3)	\$ 750	General contribution
Macon Georgia Cherry Blossom Festival, Inc.	794 Cherry Street	Macon	GA	31201	58-1648127	501c(3)	\$ 13,450	To expand digital communications and promote featured events
Macon Golf for Kids	600 New Street	Macon	GA	31201	04-3692728	501c(3)	\$ 1,500	Golf instruction
Macon Golf for Kids	600 New Street	Macon	GA	31201	04-3692728	501c(3)	\$ 1,000	Golf instruction
Macon Golf for Kids	600 New Street	Macon	GA	31201	04-3692728	501c(3)	\$ 1,000	Golf instruction
Macon Golf for Kids	600 New Street	Macon	GA	31201	04-3692728	501c(3)	\$ 3,000	Instruction for summer program and support for Macon-Bibb Junior Golf Tournament
Macon Lions Charities, Inc.	P.O. Box 13464	Macon	GA	31208	58-0327515	501c(4)	\$ 5,000	To provide eye exams, glasses and surgeries for the sight impaired of Middle Georgia.
Macon Lions Charities, Inc.	P.O. Box 13464	Macon	GA	31208	58-0327515	501c(4)	\$ 10,000	To provide eye exams, glasses and surgeries for the sight impaired of Middle Georgia
Macon Lions Charities, Inc.	P.O. Box 13464	Macon	GA	31208	58-0327515	501c(4)	\$ 5,000	To provide eye exams, glasses and surgeries for the sight impaired of Middle Georgia
Macon Lions Charities, Inc.	P.O. Box 13464	Macon	GA	31208	58-0327515	501c(4)	\$ 5,000	To provide eye exams, glasses and surgeries for the sight impaired of Middle Georgia

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Macon Pops	301 Cherry Street	Macon	GA	31201	47-1312704	501c(3)	\$ 20,000	Support for the Macon Pops Concert Series
Macon Pops	P.O. Box 6295	Macon	GA	31208	47-1312704	501c(3)	\$ 24,578	Support for the Macon Pops Concert Series
Macon Pops	P.O. Box 6295	Macon	GA	31208	47-1312704	501c(3)	\$ 3,000	Support for Macon Pops Board Retreat
Macon Pops	P.O. Box 6295	Macon	GA	31208	47-1312704	501c(3)	\$ 2,000	Support for Macon Pops Board Retreat as well as the 2015-2016 season
Macon Pops	301 Cherry Street	Macon	GA	31201	47-1312704	501c(3)	\$ 10,000	Purchase of a donor management database and new office equipment
Macon Pops	P.O. Box 6295	Macon	GA	31208	47-1312704	501c(3)	\$ 535	Support for the Macon Pops Concert Series
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 1,000	General contribution
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 12,500	MSO Music Director search support
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 4,000	Support for Macon Symphony Orchestra concert series
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 1,000	MSO Music Director search support
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 3,000	Support for Macon Symphony Orchestra concert series
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 4,000	Support for Macon Symphony Orchestra concert series
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 1,000	General contribution
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 10,000	Once Upon a Symphony performance on April 30th
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 10,000	General contribution
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 933	General contribution
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 3,500	Macon Volunteer Clinic's Transition to Paperless Medical Records
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 5,800	Replace current phone system
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 581	Purchase of a microscope Labomed LX300 Binocular LED Microscope
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 7,900	Provide free medical care for 101 patient visits.
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 2,000	Office supplies
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 1,000	General contribution
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 2,000	For diagnostics
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 1,022	General contribution
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 2,354	Support to replace the existing alarm system
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 500	General contribution
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 500	Support for the Dental Department
Macon Water Environmental Education, Inc.	790 2nd Street	Macon	GA	31202	35-2529281	501c(3)	\$ 5,400	Education Programs
Macon-Bibb County Urban Development Authority	305 Coliseum Drive	Macon	GA	31217	58-0333200	Government Entity	\$ 7,500	Open Streets Macon
Meals on Wheels of Middle Georgia, Inc.	Post Office Box 6333	Macon	GA	31208	23-7412434	501c(3)	\$ 50	To provide meals to individuals in need
Meals on Wheels of Middle Georgia, Inc.	Post Office Box 6333	Macon	GA	31208	23-7412434	501c(3)	\$ 2,000	To provide meals to those in hospice
Meals on Wheels of Middle Georgia, Inc.	Post Office Box 6333	Macon	GA	31208	23-7412434	501c(3)	\$ 15,000	The Waiting One
Meals on Wheels of Middle Georgia, Inc.	P.O. Box 6333	Macon	GA	31208	23-7412434	501c(3)	\$ 6,000	To provide meals for 4 seniors currently on the waiting list
Mercer University	1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 12,000	Support for the initiatives of the College Hill Corridor Commission.
Mercer University	1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 20,000	Support for the Mercer Innovation Center
Mercer University	1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 10,000	Media Changemaker Prize, Scholarship Competition and CCJ National Journalism Advisory Board meeting support
Mercer University	1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 22,000	Scholarship fund at the School of Engineering
Mercer University	1501 Mercer University Drive	Macon	GA	31207	58-0566167	501c(3)	\$ 500	Support for the Grand Opera House
Mercer University	1501 Mercer University Drive	Macon	GA	31207	58-0566167	501c(3)	\$ 35,600	Support of SoCon Votes!, democratic engagement at higher education institutions and athletic conferences.
Mercer University	1501 Mercer University Drive	Macon	GA	31207	58-0566167	501c(3)	\$ 500	General contribution
Mercer University	1501 Mercer University Drive	Macon	GA	31207	58-0566167	501c(3)	\$ 51,000	Mercer on Mission Prosthetics Program
Mercer University/Children's Choir	Townsend School of Music 1501 Mercer University Drive	Macon	GA	31207	58-0566167	501c(3)	\$ 1,000	Mercer University Children's Choir
Mercer University/Office of Advancement	1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 1,000	Support for Mercer On Mission
Mercer University/School of Medicine	1550 Georgia Avenue	Macon	GA	31201	58-0566167	501c(3)	\$ 2,000	For the W.D. Hazlehurst Scholarship

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Mercer University/School of Medicine	Office of University Advancement 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 1,100	General contribution
Middle Georgia Community Action Agency	121 Prince Street	Warner Robins	GA	31093	58-1192477	501c(3)	\$ 12,500	Senior Program Redesign
Middle Georgia Community Food Bank	4490 Ocmulgee East Boulevard	Macon	GA	31217	58-2484086	501c(3)	\$ 250	General contribution
Middle Georgia Community Food Bank	4490 Ocmulgee East Boulevard	Macon	GA	31217	58-2484086	501c(3)	\$ 21,000	Food Safety and Security Implementation
Middle Georgia Regional Commission	175-C Emery Highway Macon, GA 31217	Macon	GA		580964452	501c(3)	\$ 10,000	Support for the environmental programs of the Middle Georgia Clean Air Coalition
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 200	To support the mission of the Library and the Thomas M. Jones Computer Room
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 2,100	To support the Genealogy Department of the Washington Memorial Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 12,600	To support the mission of the Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 3,100	To purchase books on Natural History and Sciences
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 200	To purchase books and other materials in the area of specific learning disabilities and problems
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 700	To benefit Washington Memorial Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 2,600	To purchase books, records, tapes, recorders, record players, and other similar audio/visual equipment in the fine arts field, with such purchases to be made available to the general public
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 5,000	MGRL Strategic Planning & Foundation Development
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 500	Support for the monument sign for Washington Memorial Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 2,500	Support for the first year implementation of the Foundation Center's Funding Information Network
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 200	To support the mission of the Library and the Thomas M. Jones Computer Room
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 2,000	To support the Genealogy Department of the Washington Memorial Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 15,300	To support the mission of the Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 3,000	To purchase books on Natural History and Sciences
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 200	To purchase books and other materials in the area of specific learning disabilities and problems
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 600	To benefit Washington Memorial Library
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$ 2,500	To purchase books, records, tapes, recorders, record players, and other similar audio/visual equipment in the fine arts field, with such purchases to be made available to the general public
Middle Georgia State College Foundation	100 College Station Drive, A-217	Macon	GA	31206-5145	23-7066010	501c(3)	\$ 12,500	Middle Ga State University Center for Digital Imagery and Documentary Film
Middle Georgia State University Foundation	100 College Station Drive, A-217	Macon	GA	31206-5145	23-7066010	501c(3)	\$ 500	General contribution
Middle Georgia State University Foundation	100 College Station Drive, A-217	Macon	GA	31206-5145	23-7066010	501c(3)	\$ 9,032	End of Life Seminar for 2015
Middle Georgia State University Foundation	100 College Station Drive, A-217	Macon	GA	31206-5145	23-7066010	501c(3)	\$ 1,000	Annual Fund
Milledgeville Community Garden Association, Inc.	P.O. Box 1885	Milledgeville	GA	30159	27-0759198	501c(3)	\$ 40	Support to attend the Central Georgia Nonprofit Fundraising Summit
Milledgeville Community Garden Association, Inc.	210 S. Wayne Street	Milledgeville	GA	31061	27-0759198	501c(3)	\$ 10,000	Youth Garden Challenge
Milledgeville/Baldwin County Habitat for Humanity	P.O. Box 605	Milledgeville	GA	31059-0605	58-2125349	501c(3)	\$ 45,000	Neighborhood Revitalization Master Plan
Milledgeville/Baldwin County Habitat for Humanity	P.O. Box 605	Milledgeville	GA	31059-0605	58-2125349	501c(3)	\$ 40	Support to attend the Central Georgia Nonprofit Fundraising Summit
Milledgeville/Baldwin County Habitat for Humanity	P.O. Box 605	Milledgeville	GA	31059-0605	58-2125349	501c(3)	\$ 15,000	Co-op De Ville - A Bike Cooperative and Youth Mentoring Project
Mission to the World PCA, Inc.	P.O. Box 2589	Suwanee	GA	30024	58-2325982	501c(3)	\$ 5,000	General contribution
Mission to the World PCA, Inc.	P.O. Box 2589	Suwanee	GA	30024	58-2325982	501c(3)	\$ 20,000	Support for ambassadors
Motivating Youth Foundation, Inc.	905 Main Street	Macon	GA	31217	94-3443103	501c(3)	\$ 500	Holiday Feast for All
Motivating Youth Foundation, Inc.	905 Main Street	Macon	GA	31217	94-3443103	501c(3)	\$ 15,000	Computer Upgrade Project

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Mount de Sales Academy	851 Orange Street	Macon	GA	31201	58-0865199	501c(3)	\$ 150	General contribution
Mount de Sales Academy	851 Orange Street	Macon	GA	31201	58-0865199	501c(3)	\$ 10,000	Support for the TAP Scholarship Program
Mulberry Street United Methodist Church	P.O. Box 149	Macon	GA	31202	58-0648689	501c(3)	\$ 500	For the Community Garden
Mulberry Street United Methodist Church	P.O. Box 149	Macon	GA	31202	58-0648689	501c(3)	\$ 8,000	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 7,500	Art programming, art exhibitions, or acquisitions to the permanent collection
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 14,750	Endowment distribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 100	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 12,500	Museum Picnic Area Enhancement
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 14,750	Endowment distribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 1,000	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 2,000	2015-2016 Educational Programming
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 1,000	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 25,000	To help acquire Forsyth Road property
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 12,500	Capital Campaign
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 12,500	Capital Campaign
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 3,500	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 14,750	Endowment distribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 50	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 14,750	Endowment distribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 5,000	Educational Programming
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 500	General contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 1,000	President's Round Table
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 2,500	Addition of a sculpture to the Museum's collection
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 5,000	Addition of a sculpture to the Museum's collection
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 1,500	In recognition of the Museum's community outreach and outstanding leadership
Museum of Aviation	Post Office Box 2469	Warner Robins	GA	31099	58-1451656	501c(3)	\$ 500	General contribution
Museum of Aviation	Post Office Box 2469	Warner Robins	GA	31099	58-1451656	501c(3)	\$ 15,000	STEM Education Events
Museum of Aviation	Post Office Box 2469	Warner Robins	GA	31099	58-1451656	501c(3)	\$ 500	General contribution
Museum of Aviation	Post Office Box 2469	Warner Robins	GA	31099	58-1451656	501c(3)	\$ 500	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 50,000	Downtown revitalization
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 50,000	Downtown revitalization
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 7,500	Ocmulgee Heritage Construction Fund
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 50,000	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 1,000	Support for Leadership Macon class of 2015's Alley Project.
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 50,000	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 150	Annual Fund
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 60,000	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 1,000	Leadership Macon Class of 2015's "Adopt an Alley" project
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 50,000	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 80,400	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 9,328	General contribution
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 10,000	Support for expansion of the Ocmulgee Trail at Madison Street and Riverside Cemetery
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 443	Repairs to Gateway Park
NewTown Macon	555 Poplar Street	Macon	GA	31201	58-2273893	501c(3)	\$ 1,000	Support for Bike Macon's presentation at the Open Streets Summit in Portland, Oregon
NewTown Macon	555 Poplar Street	Macon	GA	31201	58-2273893	501c(3)	\$ 500	Support for Leadership Macon's Class of 2016 Trail Bridge Project
NewTown Macon	555 Poplar Street	Macon	GA	31201	58-2273893	501c(3)	\$ 25,000	Downtown Venture Fund
NewTown Macon	555 Poplar Street	Macon	GA	31201	58-2273893	501c(3)	\$ 30,000	Downtown Macon Community Improvement District Campaign

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NewTown Macon	555 Poplar Street	Macon	GA	31201	58-2273893	501c(3)	\$ 15,000	Movable Furniture
Next Level Community Development Center	3268 Avondale Mill Road	Macon	GA	31216	58-2625316	501c(3)	\$ 15,000	Transporting Students and Families to the Next Level!
North Macon Presbyterian Church	5707 Rivoli Drive	Macon	GA	31210	58-1761731	501c(3)	\$ 50,210	Building fund
North Macon Presbyterian Church	5707 Rivoli Drive	Macon	GA	31210	58-1761731	501c(3)	\$ 25,000	Building fund
North Macon Presbyterian Church	5707 Rivoli Drive	Macon	GA	31210	58-1761731	501c(3)	\$ 1,000	Building Fund
Ocmulgee Land Trust, Inc.	c/o NewTown Macon 479 Cherry Street	Macon	GA	31201	20-1260225	501c(3)	\$ 10,000	Land Trust Alliance Accreditation
Ocmulgee Land Trust, Inc.	c/o NewTown Macon 479 Cherry Street	Macon	GA	31201	20-1260225	501c(3)	\$ 6,000	General contribution
Ocmulgee Land Trust, Inc.	c/o NewTown Macon 479 Cherry Street	Macon	GA	31201	20-1260225	501c(3)	\$ 6,000	General contribution
Ocmulgee Land Trust, Inc.	c/o NewTown Macon 479 Cherry Street	Macon	GA	31201	20-1260225	501c(3)	\$ 5,000	General contribution
Ocmulgee National Monument Association, Inc.	1207 Emery Highway	Macon	GA	31201	586033981	501c(3)	\$ 4,500	Funding for Native American educators for Every Kid in a Park, April 4-8, 2016.
Ocmulgee National Monument Association, Inc.	1207 Emery Highway	Macon	GA	31201	586033981	501c(3)	\$ 14,000	Support of expenses to bring 8 performers of Alaska Native dance and games (athletics) the 25th Ocmulgee Indian Celebration in September, 2016.
Oconee River Greenway Foundation, Inc.	P.O. 1831	Milledgeville	GA	31061	20-0440767	501c(3)	\$ 295	Open Streets Summit
Oconee River Greenway Foundation, Inc.	P.O. 1831	Milledgeville	GA	31061	20-0440767	501c(3)	\$ 331	Open Streets Summit
Oconee River Greenway Foundation, Inc.	P.O. 1831	Milledgeville	GA	31061	20-0440767	501c(3)	\$ 35,000	Art Under the Overpass
Oneida Baptist Institute	P.O. Box 67	Oneida	KY	40972	61-0479627	501c(3)	\$ 400	General contribution
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 3,650	To fund site visits to music charter schools in Atlanta, Augusta and Chattanooga to learn successful practices for the planned Otis Redding DREAM Academy
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 2,000	Updating of the Otis Redding Center for Creative Arts on Cotton Avenue
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 1,000	General contribution
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 2,500	General contribution
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 2,000	Support for Otis Redding Foundation Music and Arts Education visit to Washington, DC for "In performance at the White House Concert Series and Music Movement," February 23-24, 2016.
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 15,000	Otis Redding Center for Creative Arts
Otis Redding Foundation	339 Cotton Avenue	Macon	GA	31201-2625	58-2435617	501c(3)	\$ 400	General contribution
Peachtree Road United Methodist Church	3180 Peachtree Road, NW	Atlanta	GA	30305	58-0655363	501c(3)	\$ 5,000	Youth Campaign
Peachtree Road United Methodist Church	3180 Peachtree Road, NW	Atlanta	GA	30305	58-0655363	501c(3)	\$ 250	Christmas Kindness
Peachtree Road United Methodist Church	3180 Peachtree Road, NW	Atlanta	GA	30305	58-0655363	501c(3)	\$ 2,000	General contribution
Rebuilding Together Warner Robins, Inc.	112 Memorial Terrace	Warner Robins	GA	31093	58-2282663	501c(3)	\$ 10,000	Home Rehabilitation Program - Year Round Operations
Rescue Mission of Middle Georgia	744 Hazel Street	Macon	GA	31201	58-6011446	501c(3)	\$ 1,000	General contribution
Rescue Mission of Middle Georgia	744 Hazel Street	Macon	GA	31201	58-6011446	501c(3)	\$ 1,200	Field trips and outings
Rescue Mission of Middle Georgia	P.O. Box 749	Macon	GA	31202	58-6011446	501c(3)	\$ 5,000	Cafeteria Tables and Chairs
Rescue Mission of Middle Georgia	744 Hazel Street	Macon	GA	31201	58-6011446	501c(3)	\$ 500	General contribution
Rescue Mission of Middle Georgia	744 Hazel Street	Macon	GA	31201	58-6011446	501c(3)	\$ 200	Nutrition Shakes for clients
Rescue Mission of Middle Georgia	P.O. Box 749	Macon	GA	31202	58-6011446	501c(3)	\$ 100	Wish granting
Rock Springs Clinic	211 Rock Springs Road	Milner	GA	30257	26-4485460	501c(3)	\$ 2,000	Diabetes Management Program
Rock Springs Clinic	211 Rock Springs Road	Milner	GA	30257	26-4485460	501c(3)	\$ 3,600	Diabetic Testing
Rotary Educational Foundation of Macon, Inc.	c/o McNair, McLemore, Middlebrooks P.O. Box One	Macon	GA	31201	58-6034632	501c(3)	\$ 8,000	Rotary Scholarship Fund

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Rotary Foundation of Rotary International	1560 Sherman Avenue	Evanston	IL	60201-3698	36-3245072	501c(3)	\$ 2,000	General contribution
Rotary Foundation of Rotary International	1560 Sherman Avenue	Evanston	IL	60201-3698	36-3245072	501c(3)	\$ 5,000	Water Projects
Salvation Army - Griffin	P.O. Box 798	Griffin	GA	30224	58-0660607	501c(3)	\$ 25,997	General contribution
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 500	Thanksgiving Christmas Fund
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 10,000	Sustainable shelter upkeep including Domestic & Substance Abuse Shelters
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 9,000	Support for repairs to the women's and children's shelters.
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 2,000	General contribution
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 300	General contribution
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 500	General contribution
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 500	General contribution
Salvation Army of Central Georgia	P.O. Box 13386	Macon	GA	31208-3386	58-0660607	501c(3)	\$ 400	General support
Saving Animals From Euthanasia	P.O. Box 7685	Macon	GA	31204	36-4734605	501c(3)	\$ 2,500	Beat the Heat
Saving Animals From Euthanasia	P.O. Box 7685	Macon	GA	31204	36-4734605	501c(3)	\$ 9,500	An anesthesia machine, surgery table, autoclave, and various other equipment for a Surgical Suite
Saving Animals From Euthanasia	P.O. Box 7685	Macon	GA	31204	36-4734605	501c(3)	\$ 2,000	Beat the Heat - Low cost spay neuter for 50 dogs in middle Georgia
Southern Valley Ranch and Rescue	4764 River Road	Fort Valley	GA	31030	46-3181956	501c(3)	\$ 3,000	Pasture Restoration
Southern Valley Ranch and Rescue	4764 River Road	Fort Valley	GA	31030	46-3181956	501c(3)	\$ 9,500	Southern Valley Ranch and Rescue Fencing and Shelters
St. Vincent de Paul	426 Central Avenue W.	Great Falls	MT	59404	81-0296475	501c(3)	\$ 7,500	General contribution
Stepping Stones Educational Therapy Center, Inc.	141 Futral Road	Griffin	GA	30224	58-1903238	501c(3)	\$ 7,646	General contribution
Still Waters Outreach	2699 Highway 221 North	Douglas	GA	31533	47-1238831	501c(3)	\$ 2,950	Still Waters Outreach Project
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 5,000	Elementary School Campaign
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 350	Endowment Fund
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 20,000	Excellence Never Rests Capital Campaign, Phase II
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 25,000	Murray Ashley Nixon Scholarship Fund
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 3,000	Excellence Never Rests Campaign
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 2,600	Joel Plant Hatcher Scholarship Fund
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 10,000	School courtyard
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 10,000	Lower school building fund
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 10,000	Phase Two "Excellence Never Rests" Campaign
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 1,250	Ann Brown Tift Scholarship Fund
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 16,000	Evangelical purposes
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 60,000	Housing Initiative
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 15,000	The Strong Tower Housing Initiative
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 3,000	General contribution
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 1,550	General contribution
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 10,000	General contribution
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 14,500	Evangelism
The 567 Center for Renewal, Inc.	533 Cherry Street	Macon	GA	31201	271704878	501c(3)	\$ 14,150	Field Note Stenographers' Living Room Series concerts at the Capitol Theatre in the fall of 2016
The 567 Center for Renewal, Inc.	533 Cherry Street	Macon	GA	31201	271704878	501c(3)	\$ 100	Support for improvements to the new building
The 567 Center for Renewal, Inc.	533 Cherry Street	Macon	GA	31201	271704878	501c(3)	\$ 4,000	Support for the Macon Chapter of the League of Creative Interventionists May, 2016- April 2017.
The 567/Center for Renewal, Inc.	533 Cherry Street	Macon	GA	31201	271704878	501c(3)	\$ 2,500	Support for the inaugural Lost Keys Literary Festival to be held October 2 and 3, 2015.

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The Bascom	323 Franklin Road	Highlands	NC	28741	56-2093546	501c(3)	\$ 10,000	Director's Circle, all benefits waived
The Golden Rule, Inc.	P.O. Box 243	Butler	GA	31006	58-2202180	501c(3)	\$ 25,000	For critical maintenance and operation efforts
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 100	Mentoring teens in Bibb County
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 500	General contribution
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 250	Mentoring teens in Bibb County
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 3,000	Program and Transportation Costs
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 250	Mentoring teens in Bibb County
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 6,000	Mentoring teens in Bibb County
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$ 300	Mentoring teens in Bibb County
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 25	Support for the children of the Methodist Home
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 15,000	Trauma Focused Therapy
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 150	Support for the children of the Methodist Home
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 3,100	Trauma-focused therapy program
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 1,100	Support for the children of the Methodist Home
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 500	Support for the children of the Methodist Home
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 500	Support for the children's clothing closet
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 2,000	Support for equipment for the dissection lab and materials for the robotics lab
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 1,000	Educational needs
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 125	Support for the children of the Methodist Home
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 250	Support for the children of the Methodist Home
The Methodist Home for Children and Youth	304 Pierce Avenue	Macon	GA	31204	58-0622971	501c(3)	\$ 15,500	Support to continue training local professionals in Trauma Focused-Cognitive Behavioral Therapy
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 1,300	Jonathan Killens Scholarship for YAC
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 100	General contribution
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 150	Annual Fund
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 1,000	General contribution
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 750	Youth Actors Company
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 1,000	General contribution
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 3,000	General contribution
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 50,000	Summer Theatre Festival
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 1,500	Support for Youth Actors Company productions for the 2015-2016 season
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 3,000	Summer Theatre Festival
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 2,500	Summer Theatre Festival
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 200	General contribution
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 3,000	Summer Theatre Festival
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 1,300	Endowment Fund distribution
Tigers Unlimited Foundation	Auburn Athletic Department 392 South Donahue Drive	Auburn	AL	36849	36-4538203	501c(3)	\$ 7,000	Equestrian Program
Trinity School	4301 Northside Parkway NW	Atlanta	GA	30327	58-1197585	501c(3)	\$ 12,500	Trinity School Capital Campaign
True Faith Church of God in Christ, Inc.	2048 Jeffersonville Road	Macon	GA	31217	58-1579433	501c(3)	\$ 150,000	Capital improvements
Twin Lakes Library System	151 South Jefferson Street	Milledgeville	GA	31061	58-2627496	Government Entity	\$ 10,000	Outdoor Seating at the Library
United Community Church	2411 Heath Road	Macon	GA	31206	58-2660504	501c(3)	\$ 200	General contribution

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United Community Church	2411 Heath Road	Macon	GA	31206	58-2660504	501c(3)	\$ 5,000	Capital Improvements
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$ 2,000	Loaned Executive Program
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$ 1,500	To support an independent analysis of technology needs for the Community Meeting Rooms at the United Way building
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$ 15,000	Read2Succeed
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$ 1,700	General contribution
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$ 3,000	General contribution
Unity-N-Community Inc.	c/o Al Tillman P.O. Box 3244	Macon	GA	31205	45-3244770	501c(3)	\$ 5,000	Family Fun Day
Unity-N-Community Inc.	c/o Al Tillman P.O. Box 3244	Macon	GA	31205	45-3244770	501c(3)	\$ 5,000	General contribution
Unity-N-Community Inc.	c/o Al Tillman P.O. Box 3244	Macon	GA	31205	45-3244770	501c(3)	\$ 1,500	Support of Community event
Unity-N-Community Inc.	c/o Al Tillman P.O. Box 3244	Macon	GA	31205	45-3244770	501c(3)	\$ 500	Support for the Family Festival
US Ski and Snow Board Team Foundation	P.O. Box 100 1 Victory Lane	Park City	UT	84060	84-6030639	501c(3)	\$ 12,500	OHAU Snow Gun Project
US Ski and Snow Board Team Foundation	P.O. Box 100 1 Victory Lane	Park City	UT	84060	84-6030639	501c(3)	\$ 35,000	General contribution
Vail Valley Foundation	P. O. Box 309	Vail	CO	81658	74-2215035	501c(3)	\$ 25,000	General contribution
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 5,000	"Making All Things New" Renovation Campaign
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 500	Landscaping Project
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 1,000	Landscape renovation project.
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 1,000	Renovation Campaign
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 1,000	Music and Arts at Vineville
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 1,000	For "Field of Hope"
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 15,000	Annual contribution
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 300	General contribution
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 5,000	General contribution
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 100	Memorial contribution
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 1,000	Strong Tower and Back Pack ministry
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 400	Salvation Army project
Vineville United Methodist Church	2045 Vineville Avenue	Macon	GA	31204	58-0665900	501c(3)	\$ 3,000	Music program
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 225	General contribution
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 1,500	General contribution
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 850	To purchase rocking chairs for use of residents at Coffee County Facility
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 5,000	Un-reimbursed Cost of Care for Developmentally Disabled Adults
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 15,000	Improve and expand transportation for developmentally disabled adults
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 5,000	Support for a special needs adult to live in a group home setting
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 1,000	General support
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 1,000	For the Newsome Beautification Fund
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 6,500	Draperies for Burden Parlor
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 6,500	Install drapery in Burden parlor
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 60,000	Initial phase of the Willett Library Redesign and Renovation
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 10,000	Annual Fund
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 800	General contribution
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 500	For the Art Department

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 POST SECONDARY SCHOLARSHIPS	81	104,025.			
2 BEREAVEMENT SUPPORT	1	10,000.			
3 COMMUNITY AWARD	8	4,000.			
4 MUSIC LESSON OR BALLE SCHOLARSHIP	13	5,360.			
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE COMMUNITY FOUNDATION OF CENTRAL GEORGIA CONDUCTS DUE DILIGENCE ON ALL POTENTIAL GRANTEES TO ENSURE THE ELIGIBILITY FOR APPLICATION OR RECEIPT OF FUNDS, THE TAX EXEMPTION OF THE ORGANIZATION, THE CHARITABLE NATURE OF THE ORGANIZATION, THE CHARITABLE NATURE OF THE GRANT REQUEST, AND THE FINANCIAL HEALTH AND REPUTATION OF THE ORGANIZATION. SITE VISITS ARE CONDUCTED ON A REGULAR BASIS TO REVIEW AN ORGANIZATION AND ITS PROGRAMS; ESPECIALLY IF AN ORGANIZATION IS NEW, OR IF THE ORGANIZATION HAS NOT PREVIOUSLY BEEN AWARDED A GRANT FROM CFCG. TELEPHONE INQUIRIES ARE ALSO MADE ON A REGULAR BASIS TO OBTAIN CURRENT INFORMATION ON THE ORGANIZATION AS PART OF DUE DILIGENCE. PRIOR TO FUNDS BEING DISBURSED TO A POTENTIAL GRANTEE ORGANIZATION, REQUESTS FOR DISBURSEMENT MUST BE APPROVED BY THE EXECUTIVE COMMITTEE OR THE BOARD OF

CLIENT 053465

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

11/02/16

01:29PM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

DIRECTORS OF CFCG.

AFTER APPROVAL,GRANTEES RECEIVE THEIR GRANT PAYMENT ALONG WITH AN AWARD LETTER SPECIFICALLY STATING HOW THE FUNDS ARE TO BE USED.FINAL REPORTS ON HOW THE GRANT FUNDS WERE USED ARE REQUIRED FOR ALL GRANTS FROM NONPROFIT, NEIGHBORHOOD, DOWNTOWN CHALLENGE GRANT PROGRAMS.FINAL REPORTS MAY ALSO BE REQUIRED FOR ANY GRANTS FROM A DONOR ADVISED,ORGANIZATIONAL ENDOWMENT,SCHOLARSHIP OR DESIGNATED FUND IF SO REQUESTED BY THE DONOR.

IN ADDITION TO THE ABOVE,IF,IN THE DUE DILIGENCE PROCESS,AN ORGANIZATION IS FOUND TO REQUIRE EXPENDITURE RESPONSIBILITY BASED ON THE FUND TYPE OR THE ORGANIZATION'S TAX EXEMPT STATUS,CFCG STAFF DETERMINES IF THE PROJECT HAS A CHARITABLE MISSION.IF SO,AND IF THE BOARD OF DIRECTORS APPROVES MAKING THE GRANT,STAFF DEVELOPS A GRANT AGREEMENT TO PRESENT TO THE RECIPIENT ORGANIZATION.GRANTS TO THESE ORGANIZATIONS ARE MADE WHEN THE AGREEMENT HAS BEEN SIGNED BY BOTH PARTIES.ALL GRANTS REQUIRING EXPENDITURE RESPONSIBILITY REQUIRE FINAL REPORTS ONCE THE PROJECT IS COMPLETE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

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

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KATHRYN H DENNIS 1 PRES & BD MEMB	(i)	154,254.	0.	0.	12,680.	9,213.	176,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization COMMUNITY FOUNDATION OF CENTRAL GA, INC.	Employer identification number 58-2053465
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	77	1,915,159.	
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial	X	1	495,461.	
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (-----)				
26 Other ▶ (-----)				
27 Other ▶ (-----)				
28 Other ▶ (-----)				

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

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

Schedule M (Form 990) (2015)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

THE FOUNDATION USES STOCK BROKERS TO HANDLE THE SALE OF CONTRIBUTED PUBLICLY TRADED SECURITIES AND LICENSED REAL ESTATE AGENTS TO SELL CONTRIBUTED REAL ESTATE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

RUTH A.KNOX IS EMPLOYED BY WESLEYAN COLLEGE AND JULIA G.BALDWIN AND ROBERT
F.HATCHER, JR.SERVE AS MEMBERS OF THE BOARD OF TRUSTEES OF WESLEYAN COLLEGE.

RONNIE D.ROLLINS IS EMPLOYED BY COMMUNITY HEALTH SYSTEMS, INC.AND KATHRYN H.DENNIS
SERVES AS A MEMBER OF THE BOARD OF COMMUNITY HEALTH SYSTEMS, INC.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FOLLOWING PREPARATION OF THE FORM 990 AND REVIEW BY THE PRESIDENT AND BY THE
EXECUTIVE VICE PRESIDENT, THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE
BOARD OF DIRECTORS. THE FOUNDATION'S EXTERNAL ACCOUNTING FIRM ATTENDS THIS MEETING
ALONG WITH THE PRESIDENT AND THE EXECUTIVE VICE PRESIDENT OF THE FOUNDATION TO
ANSWER QUESTIONS AND PROVIDE FURTHER INFORMATION OR DETAILS. AT THIS TIME THE
COMMITTEE REVIEWS THE RETURN AND, BY VOTE, APPROVES THE RETURN FOR FILING.

A COPY OF THE FORM 990 IS THEN PROVIDED ELECTRONICALLY TO EACH BOARD MEMBER. AT THE
REGULARLY SCHEDULED MEETING OF THE BOARD OF DIRECTORS, THE EXECUTIVE VICE PRESIDENT
PRESENTS HIGHLIGHTS OF THE RETURN AND IS AVAILABLE TO ANSWER ANY QUESTIONS OR
CONCERNS THAT DIRECTORS MAY HAVE. WHEN THIS PRESENTATION IS SUCCESSFULLY
COMPLETED, THE FORM 990 IS FILED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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
ORGANIZATIONS THEY OR THEIR SPOUSE SERVE, ARE EMPLOYED BY, OR WITH WHICH THEY HAVE A
BUSINESS RELATIONSHIP.

ANNUALLY, COVERED INDIVIDUALS ARE ALSO REQUIRED TO SIGN A STATEMENT INDICATING THEY
HAVE RECEIVED A COPY OF THE POLICY, HAVE READ AND UNDERSTAND IT, AGREE TO COMPLY WITH

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

THE POLICY, AND AGREE TO DISCLOSE A POTENTIAL CONFLICT PRIOR TO PARTICIPATING IN ANY RELATED DELIBERATIONS OR MAKING ANY RELATED DECISIONS. IF THE BOARD DETERMINES THAT 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.

CONFLICTS OF INTEREST BROUGHT TO THE ATTENTION OF THE BOARD OR ITS COMMITTEES DURING MEETINGS ARE IDENTIFIED IN THE OFFICIAL MINUTES OF THAT MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PRESIDENT IS THE TOP MANAGEMENT OFFICIAL OF THE COMMUNITY FOUNDATION. SHE RECEIVES A PERFORMANCE AND COMPENSATION REVIEW FROM THE CHAIR AND THE TREASURER OF THE BOARD OF DIRECTORS. THEY DETERMINE 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.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE VICE PRESIDENT RECEIVES A PERFORMANCE REVIEW FROM THE PRESIDENT. HER COMPENSATION IS DETERMINED BY THE PRESIDENT BASED UPON THE PERFORMANCE REVIEW AND WITHIN THE BUDGETARY GUIDELINES APPROVED BY THE BOARD OF DIRECTORS. AS PART OF THIS PROCESS VARIOUS OUTSIDE SALARY SURVEYS ARE USED TO ASSIST IN DETERMINING ANY ADJUSTMENTS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND THE FORM 990 ARE AVAILABLE TO THE PUBLIC ONLINE AT WWW.CFCGA.ORG (THE FOUNDATION'S WEBSITE).

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ASC BOOK/TAX DIFFERENCE - EXPENSES	\$	893,651.
ASC BOOK/TAX DIFFERENCE - REVENUES		-863,672.
CHANGE IN SPLIT INTEREST TRUSTS.....		41,558.
	TOTAL \$	<u>71,537.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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
(1) CFCG HOLDINGS LLC 577 MULBERRY STREET STE 1600 MACON, GA 31201 58-2053465	REAL ESTATE HOLDINGS	GA	0.	0.	CFCG INC
(2) CFCG JENNIFER DR LLC 577 MULBERRY STREET STE 1600 MACON, GA 31201 58-2053465	REAL ESTATE HOLDINGS	GA	0.	242,000.	CFCG HOLDINGS LLC
(3) DOVER HALL TRACT 100 LLC 577 MULBERRY STREET STE 1600 MACON, GA 31201 58-2053465	REAL ESTATE HOLDINGS	GA	0.	680,000.	CFCG HOLDINGS LLC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(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	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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 thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).
