

Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 7/01, **2011, and ending** 6/30, **2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C COMMUNITY FOUNDATION OF CENTRAL GA, INC. 277 MARTIN LUTHER KING, JR BLVD #303 MACON, GA 31201-7917	D Employer Identification Number 58-2053465 E Telephone number 478-750-9338 G Gross receipts \$ 28,493,828.
F Name and address of principal officer: SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.CFCGA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1993 M State of legal domicile: GA

Part I Summary

	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>			
Activities & Governance	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		26
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		25
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a).....	5		6
	6 Total number of volunteers (estimate if necessary).....	6		25
	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).....	5,922,381.	3,935,982.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,588,743.	1,653,328.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	-14,910.	-14,828.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	7,496,214.	5,574,482.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	4,085,125.	4,721,738.	
	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).....	465,634.	456,770.	
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 158,940.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	656,234.	664,244.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	5,206,993.	5,842,752.	
19 Revenue less expenses. Subtract line 18 from line 12.....	2,289,221.	-268,270.		
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).....	64,957,385.	61,917,824.	
	22 Net assets or fund balances. Subtract line 21 from line 20.....	9,852,728.	8,943,686.	
		55,104,657.	52,974,138.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	KATHRYN H. DENNIS	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES H. WANSLEY				P00159914
	Firm's name ▶ BUTLER WILLIAMS & WYCHE, LLP				Firm's EIN ▶ 58-0653763
	Firm's address ▶ 915 HILL PARK MACON, GA 31201				Phone no. (478) 742-3676

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 to any question 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 and section 4947(a)(1) trusts 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 \$ 5,005,092. including grants of \$ 4,721,738.) (Revenue \$)

WE ARE A COMMUNITY FOUNDATION, OFFERING OUR DONORS THE OPPORTUNITY TO CREATE A LASTING LEGACY BY ESTABLISHING THEIR OWN CHARITABLE FUNDS OR TO SUPPORT THE CAUSES IN WHICH THEY BELIEVE. OUR ASSETS ARE ADMINISTERED EXCLUSIVELY FOR CHARITABLE PURPOSES, PRIMARILY FOR THE BENEFIT OF THE SIXTEEN 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 5,005,092.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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>		X
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="5"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input checked="" type="checkbox"/>	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. <input type="text" value="6"/>		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input checked="" type="checkbox"/>	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		
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)? <input type="checkbox"/>		X
4 b	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
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? <input checked="" type="checkbox"/>	X	
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input checked="" type="checkbox"/>	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? <input checked="" type="checkbox"/>	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input checked="" type="checkbox"/>	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="checkbox"/>		X
9 Sponsoring organizations maintaining donor advised funds.			
9 a	Did the organization make any taxable distributions under section 4966? <input type="checkbox"/>		X
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		X
10 Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11 Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
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? <input type="checkbox"/>		
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. <input type="text"/>		
13 c	Enter the amount of reserves on hand. <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

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 to any question 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 26 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.		
b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		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	
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	
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	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is 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?		
a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
b	Other officers of 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
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 taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ HARRIET W HAMILTON 277 MLK JR BLVD STE 303, 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 to any question 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 (describe hours for related organizations in Schedule O)	(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) CAMILLE HOPE BOARD MEMBER	1	X					0.	0.	0.	
(2) T ALFRED SAMS, JR BOARD MEMBER	1	X					0.	0.	0.	
(3) GEORGE E YOUMANS, JR BOARD MEMBER	1	X					0.	0.	0.	
(4) J MARC ALBERTSON BOARD MEMBER	1	X					0.	0.	0.	
(5) BILLY PITTS BOARD MEMBER	1	X					0.	0.	0.	
(6) MELVIN KRUGER BOARD MEMBER	1	X					0.	0.	0.	
(7) RONNIE D ROLLINS BOARD MEMBER	1	X					0.	0.	0.	
(8) JACQUELINE G SCOTT BOARD MEMBER	1	X					0.	0.	0.	
(9) ALBERT P REICHERT JR BOARD MEMBER	1	X					0.	0.	0.	
(10) W JOHN O'SHAUGHNESSEY, BOARD MEMBER	1	X					0.	0.	0.	
(11) MALCOLM S BURGESS, JR BOARD MEMBER	2	X					0.	0.	0.	
(12) RUTH A KNOX BOARD MEMBER	2	X					0.	0.	0.	
(13) F TREDWAY SHURLING CHAIRMAN	2	X		X			0.	0.	0.	
(14) PATRICIA W BASS SECRETARY	2	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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) DONALD J CORNETT, SR TREASURER	3	X		X			0.	0.	0.
(16) J JOSEPH EDWARDS, SR BOARD MEMBER	1	X					0.	0.	0.
(17) WILLIAM F CUMMINGS, SR BOARD MEMBER	1	X					0.	0.	0.
(18) BEVERLY BLAKE BOARD MEMBER	1	X					0.	0.	0.
(19) JOSEPH W EVANS BOARD MEMBER	1	X					0.	0.	0.
(20) JAMES A MANLEY, III BOARD MEMBER	1	X					0.	0.	0.
(21) CHRIS R SHERIDAN, JR BOARD MEMBER	1	X					0.	0.	0.
(22) G BOONE SMITH, III BOARD MEMBER	1	X					0.	0.	0.
(23) SCOTT W SPIVEY BOARD MEMBER	1	X					0.	0.	0.
(24) KATHRYN H DENNIS PRES & BD MEMB	40	X		X			139,072.	0.	20,631.
(25) CHARLOTTE B BOGLE BOARD MEMBER	1	X					0.	0.	0.
1 b Sub-total							139,072.	0.	20,631.
c Total from continuation sheets to Part VII, Section A							92,959.	0.	20,268.
d Total (add lines 1b and 1c)							232,031.	0.	40,899.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1									

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	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 in compensation from the organization ▶ 0

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	(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	X						0.	0.	0.
HARRIET W HAMILTON CAO	40			X				92,959.	0.	20,268.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 4,135.				
	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 3,931,847.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		3,935,982.			
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)		1,677,815.		1,677,815.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6 a Gross rents		(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		22651506.	225,000.			
		b Less: cost or other basis and sales expenses	22631562.	269,431.		
		c Gain or (loss)	19,944.	-44,431.		
d Net gain or (loss)				-24,487.		-24,487.
8 a Gross income from fundraising events (not including \$ 4,135. of contributions reported on line 1c). See Part IV, line 18		a	3,525.			
		b Less: direct expenses	b	18,353.		
		c Net income or (loss) from fundraising events			-14,828.	
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					
Miscellaneous Revenue	Business Code					
11 a -----	a					
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			5,574,482.	0.	0.	1,638,500.

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21.	4,642,778.	4,642,778.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	78,960.	78,960.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	245,150.	66,190.	98,060.	80,900.
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.	137,254.	83,821.	50,997.	2,436.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).	30,785.	12,077.	11,999.	6,709.
9 Other employee benefits.	16,740.	7,700.	6,529.	2,511.
10 Payroll taxes.	26,841.	10,529.	10,463.	5,849.
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,915.	1,341.	1,137.	437.
c Accounting.	18,605.	8,559.	7,257.	2,789.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	406,109.		406,109.	
g Other.				
12 Advertising and promotion.				
13 Office expenses.	10,563.	4,859.	4,119.	1,585.
14 Information technology.	27,322.	12,568.	10,656.	4,098.
15 Royalties.				
16 Occupancy.	21,877.	10,063.	8,532.	3,282.
17 Travel.	12,845.	5,909.	5,009.	1,927.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,976.	2,289.	1,941.	746.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	50,640.	23,294.	19,750.	7,596.
23 Insurance.	10,460.	414.	9,911.	135.
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 COMMUNICATIONS	41,169.	21,977.		19,192.
b DUES & PUBLICATIONS	15,943.	7,334.	6,218.	2,391.
c DONOR DEVELOPMENT	14,540.			14,540.
d PROPERTY TAX	13,101.		13,101.	
e All other expenses.	13,179.	4,430.	6,932.	1,817.
25 Total functional expenses. Add lines 1 through 24e.	5,842,752.	5,005,092.	678,720.	158,940.
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

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	22,365.	1	13,646.
	2	Savings and temporary cash investments	6,681,298.	2	6,650,091.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,430.	9	24,235.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	317,163.		
		10a			
	b	Less: accumulated depreciation	242,010.	10c	75,153.
		10b			
	11	Investments — publicly traded securities	50,125,079.	11	47,884,506.
	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	8,000,253.	15	7,270,193.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	64,957,385.	16	61,917,824.	
LIABILITIES	17	Accounts payable and accrued expenses	1,378.	17	778.
	18	Grants payable	161,385.	18	146,396.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	9,689,965.	25	8,796,512.
	26	Total liabilities. Add lines 17 through 25	9,852,728.	26	8,943,686.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	52,551,021.	27	50,851,535.
	28	Temporarily restricted net assets	2,438,542.	28	2,007,509.
	29	Permanently restricted net assets	115,094.	29	115,094.
	Organizations that do not follow SFAS 117, 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.	55,104,657.	33	52,974,138.
	34	Total liabilities and net assets/fund balances.	64,957,385.	34	61,917,824.

BAA

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,574,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,842,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	-268,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,104,657.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	-1,862,249.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	52,974,138.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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
2b	Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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

Form 990 (2011)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

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.)
- 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	8,383,159.	6,111,197.	8,139,590.	5,922,381.	3,935,982.	32,492,309.
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.	8,383,159.	6,111,197.	8,139,590.	5,922,381.	3,935,982.	32,492,309.
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).						3,393,702.
6 Public support. Subtract line 5 from line 4.						29,098,607.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	8,383,159.	6,111,197.	8,139,590.	5,922,381.	3,935,982.	32,492,309.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,099,174.	1,544,344.	1,015,592.	1,458,811.	1,677,815.	6,795,736.
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 IV.) SEE PART IV.	22,138.	-16,456.	-9,485.	-14,910.	-14,828.	-33,541.
11 Total support. Add lines 7 through 10.						39,254,504.
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 2011 (line 6, column (f) divided by line 11, column (f)).	14	74.13 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	73.42 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the 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 – 2010. 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 – 2011. 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 IV 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 – 2010. 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 IV 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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
13 Total support. (Add lns 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 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. 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 – 2010. 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 II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
SPECIAL EVENTS	-14,828.	-14,910.	-9,485.	-16,456.	22,138.
TOTAL	<u>\$ -14,828.</u>	<u>\$ -14,910.</u>	<u>\$ -9,485.</u>	<u>\$ -16,456.</u>	<u>\$ 22,138.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

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' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....	101	4
2 Aggregate contributions to (during year).....	2,839,606.	
3 Aggregate grants from (during year).....	2,459,802.	32,700.
4 Aggregate value at end of year.....	26,909,899.	650,562.

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' to 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 an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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' to 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 XIV, 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) Revenues included in 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 Revenues included in 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 XIV.

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' to 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 XIV and complete the following table:

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

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to 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	54,413,280.	43,601,079.	36,253,203.	43,049,546.	
b Contributions	3,283,130.	3,615,981.	5,342,715.	4,019,321.	
c Net investment earnings, gains, and losses	-991,398.	10,151,301.	4,381,936.	-8,314,905.	
d Grants or scholarships	-3,120,324.	-2,624,440.	-2,006,735.	-2,134,731.	
e Other expenditures for facilities and programs	-66,033.	-30,550.	-27,653.	-41,603.	
f Administrative expenses	-405,254.	-300,091.	-342,386.	-324,424.	
g End of year balance	53,113,402.	54,413,280.	43,601,079.	36,253,203.	

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 in 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' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment. 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		317,163.	242,010.	75,153.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				75,153.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(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. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(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. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS HELD IN SPLIT INTEREST AGREEMENTS	4,678,510.
(2) COLLECTIONS	12,000.
(3) CONTRIBUTIONS RECEIVABLE	420,632.
(4) INTEREST & DIVIDENDS RECEIVABLE	88,151.
(5) PROPERTY HELD FOR RESALE	2,070,900.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	7,270,193.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED ANNUAL LEAVE	7,745.
(3) AGENCY ENDOWMENTS	5,699,367.
(4) LIABILITIES UNDER SPLIT INT. AGREEM	3,089,400.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	8,796,512.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	5,574,482.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,842,752.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-268,270.
4	Net unrealized gains (losses) on investments	-2,320,594.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.) SEE PART XIV	458,345.
9	Total adjustments (net). Add lines 4 through 8	-1,862,249.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-2,130,519.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements		1	2,724,392.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a	-2,320,594.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV.) SEE PART XIV	2d	-133,068.	
	e Add lines 2a through 2d	2e		-2,453,662.
3	Subtract line 2e from line 1	3		5,178,054.
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 XIV.) SEE PART XIV	4b	396,428.	
	c Add lines 4a and 4b	4c		396,428.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,574,482.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements		1	4,854,911.
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 XIV.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		4,854,911.
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 XIV.) SEE PART XIV	4b	987,841.	
	c Add lines 4a and 4b	4c		987,841.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,842,752.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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. ---

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 053465

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

11/06/12

01:11PM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ASC BOOK/TAX DIFFERENCE - EXPENSES	\$	987,841.
ASC BOOK/TAX DIFFERENCE - REVENUES		-396,428.
CHANGE IN AGENCY ENDOWMENT		-133,068.
	TOTAL	<u>\$ 458,345.</u>

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

CHANGE IN SPLIT INTEREST TRUST	\$	-133,068.
	TOTAL	<u>\$ -133,068.</u>

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

ASC BOOK \ TAX DIFFERENCE	\$	396,428.
	TOTAL	<u>\$ 396,428.</u>

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

ASC BOOK \ TAX DIFFERENCE	\$	987,841.
	TOTAL	<u>\$ 987,841.</u>

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient 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 ----- -----							
(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. ▶ 98

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to 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 COLLEGE SCHOLARSHIPS	52	45,464.			
2 COMM DEVEL GRANT PROGRAM	6	30,496.			
3 COMMUNITY AWARD	6	3,000.			
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

THE COMMUNITY FOUNDATION OF CENTRAL GA 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. 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 DIRECTORS OF THE COMMUNITY FOUNDATION OF CENTRAL GA. AFTER APPROVAL, GRANTEES RECEIVE THEIR GRANT PAYMENT ALONG WITH AN AWARD LETTER SPECIFICALLY STATING HOW THE FUNDS ARE TO BE USED. FINAL REPORTS

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

ON HOW THE GRANT FUNDS ARE USED ARE REQUIRED FOR ALL GRANTS FROM GRANT PROGRAMS OF THE COMMUNITY FOUNDATION OF CENTRAL GA AND ITS AFFILIATES. FINAL REPORTS MAY ALSO BE REQUIRED FOR ANY GRANTS FROM A DONOR-ADVISED, AGENCY, SCHOLARSHIP OR DESIGNATED FUND IF SO REQUESTED BY THE DONOR. SITE VISITS ARE CONDUCTED ON A REGULAR BASIS TO REVIEW AN ORGANIZATION AND ITS PROGRAMS; SPECIFICALLY IF AN ORGANIZATION IS NEW, OR IF THE ORGANIZATION HAS NOT PREVIOUSLY BEEN AWARDED A GRANT FROM THE COMMUNITY FOUNDATION OF CENTRAL GA.

1(a) Organization	1(a) Address	1(a) City	1(a) State	1(a) ZIP	(b) EIN	(c) IRC Section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose
100 Black Men of Macon-Middle Georgia, Inc.	P.O. Box 2363	Macon	GA	31203	58-2221295	501c(3)	\$15,000	\$0	cash	n/a	CareerFest 2012
Abundant Life Soup Kitchen, Inc.	132 North Tenth Street	Griffin	GA	30223	59-3762964	501c(3)	\$3,000	\$0	cash	n/a	General Contribution
							\$5,000	\$0	cash	n/a	General Contribution
All Saints Episcopal Church	634 West Peachtree Street, NW	Atlanta	GA	30308	58-0572411	501c(3)	\$12,000	\$0	cash	n/a	General Fund
Alzheimer's Association - Central Georgia	886 Mulberry Street	Macon	GA	31201	58-1492046	501c(3)	\$15,000	\$0	cash	n/a	Caregiver Training & Counseling Center Start-Up
							\$250	\$0	cash	n/a	Annual Fund
							\$10,000	\$0	cash	n/a	Support the Claxton Road Race and their efforts in raising funds to fight Alzheimer's disease
							\$10,000	\$0	cash	n/a	Dancing with the Stars Banquet
							\$10,000	\$0	cash	n/a	General contribution
Atlanta International School	2890 North Fulton Dr NE	Atlanta	GA	30305	58-1581116	501c(3)	\$2,000	\$0	cash	n/a	General Contribution
							\$5,000	\$0	cash	n/a	General Contribution
Bibb County Board of Education	484 Mulberry Street	Macon	GA	31201	58-6000191	Government	\$2,000	\$0	cash	n/a	To purchase 100 refurbished CPU units from Central Georgia Technical College's surplus inventory for use in Bibb Public Schools.
							\$500	\$0	cash	n/a	To cover extra costs related to the purchase of refurbished computers from Central Georgia Technical College
							\$5,200	\$0	cash	n/a	Southwest SAAB annual conference
							\$3,775	\$0	cash	n/a	Northeast SAAB Conference
Big Brothers Big Sisters of the Heart of Georgia	777 Walnut Street	Macon	GA	31201	58-0707593	501c(3)	\$15,000	\$0	cash	n/a	Mentoring Children of Promise
							\$2,500	\$0	cash	n/a	School Based Mentoring
							\$750	\$0	cash	n/a	General Contribution
							\$500	\$0	cash	n/a	General Contribution
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$15,000	\$0	cash	n/a	Scoutreach
							\$1,000	\$0	cash	n/a	General contribution
							\$400	\$0	cash	n/a	for two scouts to attend the golden eagle dinner
							\$100	\$0	cash	n/a	General contribution
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$5,000	\$0	cash	n/a	Operating Expenses
							\$250	\$0	cash	n/a	General Contribution
							\$500	\$0	cash	n/a	General Contribution
							\$7,000	\$0	cash	n/a	Operating Expenses
							\$500	\$0	cash	n/a	General Contribution
Campus Clubs, Inc.	c/o Strong Tower Fellowship 2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$1,000	\$0	cash	n/a	General Contribution
							\$6,000	\$0	cash	n/a	Scholarships
Cannonball House	856 Mulberry Street	Macon	GA	31201	58-1740130	501c(3)	\$250	\$0	cash	n/a	Annual Fund
							\$8,000	\$0	cash	n/a	General Contribution
Centenary Community Ministries, Inc.	1290 College Street	Macon	GA	31201	80-0307351	501c(3)	\$7,435	\$0	cash	n/a	Centenary Community Bike Program
							\$3,000	\$0	cash	n/a	Roving Listeners
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$100	\$0	cash	n/a	General Contribution
							\$5,000	\$0	cash	n/a	General Contribution
							\$1,100	\$0	cash	n/a	Operating Expenses
							\$1,550	\$0	cash	n/a	General Contribution
							\$1,550	\$0	cash	n/a	General Contribution
							\$1,550	\$0	cash	n/a	General Contribution
							\$1,550	\$0	cash	n/a	General Contribution
Church of the Nazarene - Barnesville	P.O.Box 376	Barnesville	GA	30204	58-6111582	501c(3)	\$10,000	\$0	cash	n/a	Tornado Relief
							\$400	\$0	cash	n/a	Tornado Relief
							\$450	\$0	cash	n/a	Tornado Relief
							\$500	\$0	cash	n/a	Tornado Relief
							\$66,029	\$0	cash	n/a	Tornado Relief

1(a) Organization	1(a) Address	1(a) City	1(a) State	1(a) ZIP	(b) EIN	(c) IRC Section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose
College Hill Alliance	c/o Mercer University 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$6,000	\$0	cash	n/a	Keep it cool in the Corridor Second Sunday Stage Canopy
							\$10,000	\$0	cash	n/a	Assess the residential property tax increment since 2000, suggesting ways to mitigate any hardship on fixed-income residents.
							\$80,000	\$0	cash	n/a	Funding for design of construction project to improve parking, traffic flow, pedestrian access, and landscaping on College Street.
College Hill Corridor Commission	c/o College Hill Alliance 1400 Coleman Avenue	Macon	GA	31207	58-2273893	501c(3)	\$131,869	\$0	cash	n/a	Branding and Signage in the Corridor
Communities in Schools of Milledgeville-Baldwin County, Inc.	P.O. Box 783	Milledgeville	GA	31059	270521158	501c(3)	\$7,500	\$0	cash	n/a	Elementary School Site Coordinator
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$9,700	\$0	cash	n/a	General Contribution
							\$3,000	\$0	cash	n/a	General Contribution
Cross Point Baptist Church	645 Perry Parkway	Perry	GA	31069	753066231	501c(3)	\$10,000	\$0	cash	n/a	Impact Campaign
Crossroads Creative Group, Inc.	PO Box 6253	Macon	GA	31208	27-1809592	501c(3)	\$10,000	\$0	cash	n/a	marketing and travel arrangements for the Fall 2011 Crossroads Writers Conference.
							\$29,300	\$0	cash	n/a	Sidewalk Stories.
							\$10,000	\$0	cash	n/a	Marketing
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$13,000	\$0	cash	n/a	Macon Day/Resource Center
							\$6,700	\$0	cash	n/a	General Operations
Douglas-Coffee County Industrial Authority	211 S. Gaskin Avenue	Douglas	GA	31534	58-1191042	Government	\$675,000	\$0	cash	n/a	Purchase of land for new Industrial Park
Education First	577 Mulberry Street Suite 1225	Macon	GA	31201	31-1815650	501c(3)	\$15,000	\$0	cash	n/a	General Contribution
Elam Alexander Academy	3769 Ridge Avenue	Macon	GA	31204	58-6000191	501c(3)	\$15,000	\$0	cash	n/a	Sensory Garden & Outdoor Classroom
							\$800	\$0	cash	n/a	Sensory Garden and Outdoor Classroom
Environmental Defense Fund	4000 Westchase Blvd Ste 510	Raleigh	NC	27607	11-6107128	501c(3)	\$6,000	\$0	cash	n/a	Helping farmers improve the environment
Family Advancement Ministries	570 High Place	Macon	GA	31201	581941915	501c(3)	\$12,500	\$0	cash	n/a	Moving Ahead Program
Family Counseling Center of Central Georgia, Inc.	277 MLK Blvd., Suite 203	Macon	GA	31201	58-0684376	501c(3)	\$5,900	\$0	cash	n/a	Operating Expenses
							\$7,500	\$0	cash	n/a	Operating Expenses
							\$15,000	\$0	cash	n/a	Counseling & Therapeutic Services
Federated Garden Clubs of Macon, Inc.	P.O. Box 5225	Macon	GA	31208-5225	58-0625995	501c(3)	\$15,000	\$0	cash	n/a	New HVAC System
Feed Center Outreach Ministry	P.O. Box 461	Fort Valley	GA	31030	20-3390354	501c(3)	\$10,000	\$0	cash	n/a	General Contribution
First Choice Primary Care	PO Box 4363	Macon	GA	31208	204391090	501c(3)	\$15,000	\$0	cash	n/a	Community Health Outreach for Children
First Presbyterian Church of Highlands, NC	P.O. Box 548	Highlands	NC	28741	56-1260777	501c(3)	\$10,000	\$0	cash	n/a	Music Ministry
First Presbyterian Church of Macon	682 Mulberry Street	Macon	GA	31201	58-1138249	501c(3)	\$4,500	\$0	cash	n/a	General Contribution
							\$3,000	\$0	cash	n/a	General Contribution
							\$1,000	\$0	cash	n/a	Missions
First Presbyterian Day School	5671 Calvin Drive	Macon	GA	31210	58-1083283	501c(3)	\$5,000	\$0	cash	n/a	\$2,500 for the Endowment Fund and \$2500 for Scholarships
							\$500	\$0	cash	n/a	Annual Fund
Five Loaves & Two Fish Food Pantry	409 West Solomon Street	Griffin	GA	30223	58-1883884	501c(3)	\$7,000	\$0	cash	n/a	General Contribution
Forsyth United Methodist Church	68 West Johnston Street	Forsyth	GA	31029	58-1376056	501c(3)	\$400,000	\$0	cash	n/a	Building campaign
							\$1,000	\$0	cash	n/a	General Contribution
							\$75,000	\$0	cash	n/a	General Contribution
Fort Valley United Methodist Church	301 W. Church Street	Fort Valley	GA	31030	58-0669993	501c(3)	\$6,000	\$0	cash	n/a	General Contribution
Friends of Taitnall Square Park	1073 Ash St.	Macon	GA	31201	46-0960667		\$32,950	\$0	cash	n/a	Cooling the Square
Georgia Department of Natural Resources	2 MLK, Jr. Drive, S.E. Suite 1252 East	Atlanta	GA	30334	27-3489565	501c(3)	\$10,000	\$0	cash	n/a	Georgia Outdoors - Georgia Public Broadcasting program for the Georgia Department of Natural Resources
							\$10,000	\$0	cash	n/a	Georgia Outdoors - Georgia Public Broadcasting program for the Georgia Department of Natural Resources
Georgia Industrial Children's Home, a campus of Twin Cedars	4690 North Mumford Road	Macon	GA	31210	58-0593405	501c(3)	\$10,000	\$0	cash	n/a	Low Ropes Course
							\$1,500	\$0	cash	n/a	General Contribution
							\$1,500	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution

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Georgia Justice Project	438 Edgewood Avenue SE	Atlanta	GA	30312	58-1917659	501c(3)	\$15,000	\$0	cash	n/a	Macon Office Operating Support
Georgia Meth Project	P.O. Box 724436	Atlanta	GA	31139	26-4238232	501c(3)	\$6,300	\$0	cash	n/a	For projects in Bibb County
Georgia Press Educational Foundation, Inc.	3066 Mercer University Drive	Atlanta	GA	30341	58-6044342	501c(3)	\$10,000	\$0	cash	n/a	Support for the Freedom Forward Campaign for Georgia students studying journalism at colleges and universities throughout the state.
Grand Opera House	c/o Mercer University Office of Advancement 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$250	\$0	cash	n/a	Annual Fund
							\$2,500	\$0	cash	n/a	For Sphinx
							\$21,000	\$0	cash	n/a	General Contribution
							\$1,000	\$0	cash	n/a	General Contribution
Griffin-Spalding County United Way	P.O. Box 83	Griffin	GA	30224	58-6044667	501c(3)	\$60,000	\$0	cash	n/a	General Contribution
Highlands-Cashiers Hospital Foundation	P.O. Box 742	Highlands	NC	28741	56-1165833	501c(3)	\$1,000	\$0	cash	n/a	General Contribution
							\$10,000	\$0	cash	n/a	Campaign for Community Healthcare Excellence
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31208	51-0200143	501c(3)	\$250	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	Sidney Salon Series
							\$5,500	\$0	cash	n/a	Conversion to DonorPro software
							\$8,000	\$0	cash	n/a	General Contribution
							\$8,775	\$0	cash	n/a	Tattnall Square Heights Community Garden Improvements
							\$15,000	\$0	cash	n/a	Then and Now: A photographic exhibit of Macon's architectural history
							\$4,000	\$0	cash	n/a	Operating Expenses
							\$250	\$0	cash	n/a	Support the application to have the Ingleside Neighborhood placed on the National Register of Historic Places
							\$1,000	\$0	cash	n/a	Support the application to have the Ingleside Neighborhood placed on the National Register of Historic Places
Historic Riverside Cemetery Conservancy	P.O. Box 373 1301 Riverside Drive	Macon	GA	31202	203562569	501c(3)	\$15,000	\$0	cash	n/a	Master Plan
							\$2,000	\$0	cash	n/a	Master Plan
							\$5,000	\$0	cash	n/a	Master Plan
Hodac, Inc.	2762 Watson Boulevard	Warner Robins	GA	31093	58-1333698	501c(3)	\$10,000	\$0	cash	n/a	Gateway Cottage Program
Hope Health Clinic	125 North Tenth Street	Griffin	GA	30224	20-0719396	501c(3)	\$15,000	\$0	cash	n/a	General Contribution
InTown Macon Neighborhood Association	423 Orange Street	Macon	GA	31201	58-7702130	501c(3)	\$63,500	\$0	cash	n/a	Lights on Macon
							\$3,300	\$0	cash	n/a	InTown Lawn Care for Vacant and Negligently Cared For Lots
							\$2,750	\$0	cash	n/a	InTown Block Party
							\$1,625	\$0	cash	n/a	InTown Macon Neighborhood Mobile Website
							\$3,400	\$0	cash	n/a	Movies in the Park Start-Up Funding
							\$2,200	\$0	cash	n/a	Inflatable Bouncy House for Neighborhood Functions
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$2,500	\$0	cash	n/a	Giving HOPE
							\$15,000	\$0	cash	n/a	Giving HOPE- a family assistance program
Junior League of Macon, Inc.	2055 Vineville Avenue	Macon	GA	31204	58-0526317	501c(3)	\$3,500	\$0	cash	n/a	Support for Board Strategic Planning Retreat
							\$5,000	\$0	cash	n/a	Junior League of Macon Endowment
							\$1,000	\$0	cash	n/a	General Contribution
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$100	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution
							\$500	\$0	cash	n/a	General Contribution
							\$2,800	\$0	cash	n/a	Implementation of a Community Supported Art program
							\$1,000	\$0	cash	n/a	Subsidize the cost of the trolleys for the Georgia Arts Network Conference to be held in Macon
							\$500	\$0	cash	n/a	General contribution

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Macon Economic Development Commission, Inc.	P.O. Box 169	Macon	GA	31202	58-0333200	501c(6)	\$2,082	\$0	cash	n/a	General Contribution
							\$2,082	\$0	cash	n/a	General Contribution
							\$3,371	\$0	cash	n/a	General Contribution
							\$6,299	\$0	cash	n/a	General Contribution
							\$28,522	\$0	cash	n/a	General Contribution
							\$500	\$0	cash	n/a	Family to Family Food Drive
							\$22,671	\$0	cash	n/a	General Contribution
							\$44,547	\$0	cash	n/a	General Contribution
							\$8,242	\$0	cash	n/a	General Contribution
							\$15,999	\$0	cash	n/a	General Contribution
							\$15,000	\$0	cash	n/a	Macon Now!
							\$9,478	\$0	cash	n/a	General Contribution
							\$5,167	\$0	cash	n/a	General Contribution
							\$5,167	\$0	cash	n/a	General Contribution
Macon Georgia Cherry Blossom Festival, Inc.	794 Cherry Street	Macon	GA	31201	58-1648127	501c(3)	\$15,000	\$0	cash	n/a	Technology Upgrade
Macon Golf for Kids	588 Billingswood Drive	Macon	GA	31210	04-3692728	501c(3)	\$3,000	\$0	cash	n/a	Golf Instruction and facility maintenance
							\$2,000	\$0	cash	n/a	Instruction and driving range maintenance
							\$1,000	\$0	cash	n/a	Golf instruction
							\$2,000	\$0	cash	n/a	Instruction cost
							\$500	\$0	cash	n/a	General Contribution
							\$2,000	\$0	cash	n/a	Golf Instruction to Davis Homes Children for 5 months
							\$2,515	\$0	cash	n/a	Work to place Bowden Golf Course on the National Register of Historic Places
Macon Habitat for Humanity	690 Holt Avenue	Macon	GA	31204	58-1674696	501c(3)	\$750	\$0	cash	n/a	General Contribution
							\$400	\$0	cash	n/a	Lynmore Estates Playground
							\$3,000	\$0	cash	n/a	Leadership Macon's KaBoom! playground build in Lynmore Estates neighborhood.
							\$2,700	\$0	cash	n/a	Phase I of Lynmore Estates Visioning and Revitalization Planning
Macon Police Department	P. O. Box 247	Macon	GA	31202	58-6000612	Government	\$6,000	\$0	cash	n/a	Family Block Party
Macon Regional Crimestoppers	c/o Warren Associates, Inc. P. O. Box 6098	Macon	GA	31208	58-2549830	501c(3)	\$10,000	\$0	cash	n/a	Rewards for Tipsters
							\$2,000	\$0	cash	n/a	General Contribution
Macon State College Foundation	100 College Station Dr, A-217	Macon	GA	31206-5145	23-7066010	501c(3)	\$250	\$0	cash	n/a	Botanical Garden
							\$5,000	\$0	cash	n/a	Bell Scholarship
							\$200	\$0	cash	n/a	Class of 1959 Scholarship
							\$5,000	\$0	cash	n/a	Bell Scholarship
							\$1,000	\$0	cash	n/a	General Contribution
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$10,000	\$0	cash	n/a	General Contribution
							\$1,500	\$0	cash	n/a	Honorarium for Random Act of Culture at NEA Chairman's event
Macon Volunteer Clinic, Inc.	100 Chaucers Cove	Macon	GA	31210	74-3055376	501c(3)	\$100	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution
							\$1,000	\$0	cash	n/a	General Contribution
							\$44,787	\$0	cash	n/a	General Contribution
Macon-Bibb County Urban Development Authority	305 Coliseum Drive	Macon	GA	31217	58-0333200	501c(6)	\$4,200	\$0	cash	n/a	to support Board Strategic Planning Retreat
							\$15,836	\$0	cash	n/a	To create the Macon Main Street Economic Restructuring Micro-Loan Fund.
Medcen Community Health Foundation, Inc.	858 High Street	Macon	GA	31201	23-7363555	501c(3)	\$250	\$0	cash	n/a	1895 Society
							\$11,270	\$0	cash	n/a	Carlyle Place Development Fund
							\$500	\$0	cash	n/a	Stars Over Macon, benefits waived

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Mercer University	Advancement Office 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$250	\$0	cash	n/a	In honor of the Mercer-Macon Symphony Youth Orchestra Woodwind Quintet's performance at the Community Foundation of Fort Valley's Grant Award Ceremony
							\$1,225	\$0	cash	n/a	General Contribution
							\$2,800	\$0	cash	n/a	Robert McDuffie Center for Strings, Townsend School of Music
							\$500	\$0	cash	n/a	W. D. Hazlehurst Scholarship
							\$2,000	\$0	cash	n/a	School of Medicine
							\$500	\$0	cash	n/a	International Affairs Program
							\$500	\$0	cash	n/a	William A. Bootle Chair of Ethics
							\$24,000	\$0	cash	n/a	For the Grand Opera House
							\$1,000	\$0	cash	n/a	School of Medicine
Middle Georgia Regional Library	P.O. Box 6334	Macon	GA	31208	58-6001921	501c(3)	\$8,000	\$0	cash	n/a	to put wireless in the four branch libraries
Milledgeville Community Garden Association, Inc.	P.O. Box 1885	Milledgeville	GA	30159	27-0759198	501c(3)	\$13,350	\$0	cash	n/a	Harrisburg Community Garden and Edible Walking Trails
Mission to the World PCA, Inc.	P.O. Box 116284	Atlanta	GA	30368	58-2325982	501c(3)	\$10,000	\$0	cash	n/a	General Contribution
							\$15,000	\$0	cash	n/a	Ambassadors Fund
Mulberry Street United Methodist Church	P.O. Box 149	Macon	GA	31202	58-0648689	501c(3)	\$8,000	\$0	cash	n/a	General Contribution
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$3,120	\$0	cash	n/a	General Contribution
							\$1,560	\$0	cash	n/a	General Contribution
							\$1,560	\$0	cash	n/a	General Contribution
							\$1,560	\$0	cash	n/a	General Contribution
							\$10,000	\$0	cash	n/a	Capital Campaign
							\$13,380	\$0	cash	n/a	Stars Over the Corridor
							\$1,000	\$0	cash	n/a	General Contribution
							\$1,000	\$0	cash	n/a	William P. Simmons Art Fund
							\$2,500	\$0	cash	n/a	New kitchen for the Museum
							\$1,560	\$0	cash	n/a	General Contribution
							\$250,000	\$0	cash	n/a	Planetarium
							\$200	\$0	cash	n/a	General Contribution
Museum of Aviation	Post Office Box 2469	Warner Robins	GA	31099	58-1451656	501c(3)	\$15,000	\$0	cash	n/a	Museum of Aviation STEM Field Trips
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$15,000	\$0	cash	n/a	Sports Hall Fund
							\$15,000	\$0	cash	n/a	Increasing the Capacity for Fundraising
							\$6,000	\$0	cash	n/a	Ocmulgee Heritage Trail / security at Amerson Water Works Park
							\$130,000	\$0	cash	n/a	General Contribution
							\$50,000	\$0	cash	n/a	General Contribution
							\$5,000	\$0	cash	n/a	General Contribution
							\$100,000	\$0	cash	n/a	General Contribution
							\$100,000	\$0	cash	n/a	General Contribution
							\$100,000	\$0	cash	n/a	General Contribution
							\$150,000	\$0	cash	n/a	General Contribution
							\$5,400	\$0	cash	n/a	Macon Disc Golf Club design of course at Bowden Golf Course.
							\$350	\$0	cash	n/a	Middle Georgia All Star Band Practices at the Terminal Station
Northside Baptist Church	P.O. Box 794	Milledgeville	GA	31061	581527926	501c(3)	\$1,000	\$0	cash	n/a	Music Mission Trip
							\$3,100	\$0	cash	n/a	Blinds for the Education Building attached to the Church
							\$5,000	\$0	cash	n/a	New Youth Building Fund
Ocmulgee National Monument	1207 Emery Highway	Macon	GA	31201	586033981	501c(3)	\$25,000	\$0	cash	n/a	boundary study and environmental assessment of the Traditional Cultural Property know as the Old Fields.
Peachtree Road United Methodist Church	3180 Peachtree Road, NW	Atlanta	GA	30305	58-0655363	501c(3)	\$1,000	\$0	cash	n/a	General Fund
							\$500	\$0	cash	n/a	Christmas Kindness Contribution
							\$5,000	\$0	cash	n/a	Imagine Capital Campaign
Presbyterian College	P.O. Box 975	Clinton	SC	29325	57-1021640	501c(3)	\$8,333	\$0	cash	n/a	General Contribution
Rebuilding Macon, Inc.	3864 Lake Street	Macon	GA	31204	58-1978433	501c(3)	\$25,000	\$0	cash	n/a	Macon a Difference in the Corridor

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Rotary Educational Foundation of Macon, Inc.	c/o McNair, McLemore, Middlebrooks P.O. Box One	Macon	GA	31201	58-6034632	501c(3)	\$7,000	\$0	cash	n/a	General Contribution
Salvation Army - Griffin	P.O. Box 798	Griffin	GA	30224	58-0660607	501c(3)	\$18,000	\$0	cash	n/a	General Contribution
Samaritan's Purse	P.O. Box 3000	Boone	NC	28607	58-1437002	501c(3)	\$10,000	\$0	cash	n/a	Somalia Relief
Southwest High School	8641 Thomaston Road	Macon	GA	31220	58-6000191	501c(3)	\$4,299	\$0	cash	n/a	General Contribution
							\$3,589	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General support for the Marching Patriots
St. John's Episcopal Church	1 West Macon Street	Savannah	GA	31401	58-0692297	501c(3)	\$15,000	\$0	cash	n/a	General Contribution
St. Joseph's Catholic Church	830 Poplar Street	Macon	GA	31201	580568703	501c(3)	\$3,000	\$0	cash	n/a	Capital Campaign
							\$50,000	\$0	cash	n/a	Capital Campaign
Stepping Stones Educational Therapy Center, Inc.	141 Futral Road	Griffin	GA	30224	58-1903238	501c(3)	\$6,000	\$0	cash	n/a	General Contribution
							\$10,000	\$0	cash	n/a	General Contribution
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$14,500	\$0	cash	n/a	General Contribution
							\$2,300	\$0	cash	n/a	General Contribution
							\$14,000	\$0	cash	n/a	Evangelical purposes
							\$15,000	\$0	cash	n/a	Kitchen Renovation
							\$7,000	\$0	cash	n/a	General Contribution
The Episcopal Church of the Incarnation	P.O. Box 729	Highlands	NC	28741	56-1151464	501c(3)	\$6,000	\$0	cash	n/a	General Contribution
							\$4,000	\$0	cash	n/a	Music Program
The Mentors Project of Bibb County, Inc.	P.O. Box 13750	Macon	GA	31208	58-1937624	501c(3)	\$500	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution
							\$1,300	\$0	cash	n/a	General Contribution
							\$500	\$0	cash	n/a	General Contribution
							\$4,000	\$0	cash	n/a	Support for summer camperships
The Methodist Home for Children and Youth	Post Office Box 2525	Macon	GA	31203-2525	58-0622971	501c(3)	\$300	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution
							\$1,225	\$0	cash	n/a	General Contribution
							\$1,000	\$0	cash	n/a	General Contribution
							\$14,500	\$0	cash	n/a	Online Communications Campaign
							\$5,000	\$0	cash	n/a	General Contribution
							\$250	\$0	cash	n/a	General Contribution
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$250	\$0	cash	n/a	General Contribution
							\$500	\$0	cash	n/a	General Contribution
							\$13,000	\$0	cash	n/a	Lighting System/Equipment Update
							\$200	\$0	cash	n/a	General Contribution
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$10,000	\$0	cash	n/a	General Contribution
							\$2,600	\$0	cash	n/a	Loaned Executives Program
							\$10,000	\$0	cash	n/a	for Big Brothers Big Sisters of the Heart of Georgia and Boys and Girls Clubs of Central Georgia
							\$1,200	\$0	cash	n/a	General Contribution
							\$1,300	\$0	cash	n/a	General Contribution
							\$1,000	\$0	cash	n/a	General Contribution
							\$3,000	\$0	cash	n/a	General Contribution
							\$10,000	\$0	cash	n/a	General Contribution
							\$3,500	\$0	cash	n/a	General Contribution
							\$10,000	\$0	cash	n/a	General Contribution
							\$10,000	\$0	cash	n/a	General Contribution
University of Georgia Foundation	394 S. Milledge Ave.	Athens	GA	30602	20-2779492	501c(3)	\$30,000	\$0	cash	n/a	\$25,000 to establish an endowment, \$5,000 for the current year's scholarships
University System of Georgia Foundation	P.O. Box 38001	Atlanta	GA	30334	58-6333106	501c(3)	\$7,500	\$0	cash	n/a	General Contribution
US Ski and Snow Board Team Foundation	1 Victory Lane Box 100	Park City	UT	84060	84-6030639	501c(3)	\$25,000	\$0	cash	n/a	General Contribution
Vail Valley Foundation	P. O. Box 309	Vail	CO	81658	74-2215035	501c(3)	\$25,000	\$0	cash	n/a	General Contribution
							\$15,000	\$0	cash	n/a	General Contribution
Warner Robins Little Theatre	502 S. Pleasant Hill Road	Warner Robins	GA	31088	51-0195135	501c(3)	\$10,000	\$0	cash	n/a	To aid the business efforts supporting performing arts provided by the Warner Robins Little Theatre of Warner Robins Georgia.

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Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$500	\$0	cash	n/a	General Contribution
							\$15,000	\$0	cash	n/a	Capacity Building-Quality and Compliance Coordinator
							\$5,000	\$0	cash	n/a	General contribution
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$1,000	\$0	cash	n/a	Newsome Beautification Fund
							\$5,000	\$0	cash	n/a	Taylor Hall Renovation
							\$1,000	\$0	cash	n/a	Annual Fund
							\$15,000	\$0	cash	n/a	Lane Center for Community Engagement and Service
							\$45,000	\$0	cash	n/a	\$10,000 for the Annual Fund; \$35,000 for renovation of study parlors
World Wildlife Fund, Inc.	P.O. Box 98127	Washington	DC	20090	52-1693387	501c(3)	\$6,000	\$0	cash	n/a	General Contribution
YMCA of Coastal Georgia, Inc.	P.O. Box 14142	Savannah	GA	31416	58-0603160	501c(3)	\$5,000	\$0	cash	n/a	General Contribution
							\$5,000	\$0	cash	n/a	Islands Branch
Young Harris College	The Office of Advancement P.O. Box 275	Young Harris	GA	30582	58-0593414	501c(3)	\$10,000	\$0	cash	n/a	Capital Campaign
Young Life of Greater Macon	P.O. Box 4782	Macon	GA	31208	84-0385934	501c(3)	\$25,000	\$0	cash	n/a	General Contribution

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Open to Public Inspection

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 in 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 officers, directors, trustees, and 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. 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

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 in 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 columns (D) and (E) amounts for that individual.

(A) Name		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	(i)	139,072.	0.	0.	11,280.	9,351.	159,703.	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

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

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	8	159,482.	MARKET VALUES
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	X	1	225,000.	APPRAISAL
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?

	Yes	No
30a		X
31	X	
32a	X	
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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) 2011

Part II Supplemental Information. Complete this part to 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 PUBLICALLY

TRADED SECURITIES AND LICENSED REAL ESTATE AGENTS TO SELL CONTRIBUTED REAL ESTATE.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

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' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFCG HOLDINGS LLC 277 MLK JR BLVD, SUITE 303 MACON, GA 31201 NO EIN	REAL ESTATE HOLDINGS	GA	0.	53,500.	CFCG INC
(2) CFCG JENNIFER DR LLC 277 MLK JR BLVD, SUITE 303 MACON, GA 31201 NO EIN	REAL ESTATE HOLDINGS	GA	0.	517,400.	CFCG HOLDINGS LLC
(3) DOVER HALL TRACT 100 LLC 227 MLK JR BLVD, SUITE 303 MACON, GA 31201 NO EIN	REAL ESTATE HOLDINGS	GA	0.	1,500,000.	CFCG HOLDINGS LLC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to 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' to 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' to 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
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, 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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets with related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees with related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to related organization(s) for expenses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by related organization(s) for expenses.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from related organization(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 other organization	(b) Transaction type (a-r)	(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' to 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 section 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) ----- ----- -----													

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

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

FOLLOWING PREPARATION OF THE FORM 990 AND REVIEW BY THE PRESIDENT AND BY THE CHIEF ADMINISTRATIVE OFFICER, 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 CHIEF ADMINISTRATIVE OFFICER 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 CHIEF ADMINISTRATIVE OFFICER 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 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

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

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

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 FOR CEO, EXEC. DIR., OR TOP MGT

THE PRESIDENT IS THE TOP MANAGEMENT OFFICIAL OF THE COMMUNITY FOUNDATION. SHE RECEIVES A PERFORMANCE AND COMPENSATION REVIEW ANNUALLY FROM THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE DETERMINES COMPENSATION BASED ON PERFORMANCE AND ON THE RESULT OF COMPARISONS WITH COMPENSATION OF OTHERS IN SIMILAR POSITIONS TO DETERMINE IF HER COMPENSATION IS FAIR AND REASONABLE.

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

CHIEF ADMINISTRATIVE OFFICER 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).

**FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ASC BOOK/TAX DIFFERENCE - EXPENSES	\$	987,841.
ASC BOOK/TAX DIFFERENCE - REVENUES		-396,428.
CHANGE IN AGENCY ENDOWMENT		-133,068.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS		-2,320,594.
	TOTAL	<u>\$ -1,862,249.</u>