

## Return of Organization Exempt From Income Tax

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

2012

Open to Public  
InspectionDepartment 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 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ 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 \$ 26,049,190.

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

H(a) Is this a group return for affiliates?

Yes ☐ No ☒H(b) Are all affiliates included?  
If "No," attach a list. (see instructions)Yes ☐ No ☐I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CFCGA.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of Formation: 1993

M State of legal domicile: GA

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF CENTRAL GEORGIA.	
	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 2012 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	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)	3,935,982.	6,014,739.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,653,328.	2,034,871.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,828.	-21,515.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,574,482.	8,028,095.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	456,770.	476,376.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 164,951.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	664,244.	757,265.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,842,752.	5,574,154.
	19	Revenue less expenses. Subtract line 18 from line 12	-268,270.	2,453,941.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	61,917,824.	69,296,540.
22	Net assets or fund balances. Subtract line 21 from line 20	8,943,686.	10,097,431.	
		52,974,138.	59,199,109.	

## 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	11/18/13
	KATHRYN H. DENNIS	PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JAMES H. WANSLEY	James H. Wansley	11/14/13
	Firm's name ▶ BUTLER WILLIAMS & WYCHE, LLP	Check <input type="checkbox"/> if self-employed	PTIN P00159914
	Firm's address ▶ 915 HILL PARK MACON, GA 31201	Firm's EIN ▶ 58-0653763	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 \$ 4,665,276. including grants of \$ 4,340,513.) (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 TWENTY 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 **▶** 4,665,276.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		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
<b>21</b> 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>	<b>21</b>	X	
<b>22</b> 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>	<b>22</b>	X	
<b>23</b> 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>	<b>23</b>	X	
<b>24a</b> 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>	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>		X
<b>b</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>	<b>25b</b>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>	<b>26</b>		X
<b>27</b> 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>	<b>27</b>		X
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28b</b>		X
<b>c</b> 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>	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	<b>31</b>		X
<b>32</b> 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>	<b>32</b>		X
<b>33</b> 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>	<b>33</b>	X	
<b>34</b> 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>	<b>34</b>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>36</b>		X
<b>37</b> 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>	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	X	

BAA

Form 990 (2012)

**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
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 11		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	X	
<b>2 a</b> 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.	<b>2 a</b> 5		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3 b</b>		
<b>4 a</b> 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)?	<b>4 a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6 a</b>	X	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7 a</b>	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>		X
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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.	<b>13 b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>		



**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
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 25		
<b>2</b> 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? . . . . . <b>2</b>		X
<b>3</b> 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? . . . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7 a</b> 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? . . . . . <b>7 a</b>		X
<b>b</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? . . . . . <b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8 b</b>	X	
<b>9</b> 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. . . . . <b>9</b>		X

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

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10 a</b>	X	
<b>b</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? . . . . . <b>10 b</b>	X	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11 a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . . <b>12 a</b>	X	
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12 b</b>	X	
<b>c</b> 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 . . . . . <b>12 c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. . . . . <b>15 a</b>	X	
<b>b</b> Other officers of key employees of the organization. SEE SCHEDULE O. . . . . <b>15 b</b>	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16 a</b>		X
<b>b</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? . . . . . <b>16 b</b>		

**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 ☐ Other (explain in Schedule O)

**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:

▶ HAZLE 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAMILLE HOPE BOARD MEMBER	1 0	X		X				0.	0.	0.
(2) T ALFRED SAMS, JR BOARD MEMBER	0.5 0	X						0.	0.	0.
(3) GEORGE E YOUMANS, JR BOARD MEMBER	0.5 0	X						0.	0.	0.
(4) J MARC ALBERTSON BOARD MEMBER	0.5 0	X						0.	0.	0.
(5) BILLY PITTS BOARD MEMBER	1 0	X						0.	0.	0.
(6) DAVE CARTY BOARD MEMBER	0.5 0	X						0.	0.	0.
(7) RONNIE D ROLLINS BOARD MEMBER	2 0	X						0.	0.	0.
(8) JACQUELINE G SCOTT BOARD MEMBER	1 0	X						0.	0.	0.
(9) ALBERT P REICHERT JR BOARD MEMBER	1 0	X						0.	0.	0.
(10) W JOHN O'SHAUGHNESSEY, BOARD MEMBER	1 0	X						0.	0.	0.
(11) ELEANOR A LANE BOARD MEMBER	0.5 0	X						0.	0.	0.
(12) RUTH A KNOX BOARD MEMBER	1.5 0	X						0.	0.	0.
(13) F TREDWAY SHURLING BOARD MEMBER	1 0	X						0.	0.	0.
(14) PATRICIA W BASS SECRETARY	1 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) DONALD J CORNETT, SR TREASURER	3 0	X		X			0.	0.	0.
(16) J JOSEPH EDWARDS, SR BOARD MEMBER	1 0	X					0.	0.	0.
(17) NEAL L TALTON BOARD MEMBER	2 0	X					0.	0.	0.
(18) BEVERLY BLAKE BOARD MEMBER	2 0	X					0.	0.	0.
(19) JOSEPH W EVANS BOARD MEMBER	0.5 0	X					0.	0.	0.
(20) JAMES A MANLEY, III BOARD MEMBER	1 0	X					0.	0.	0.
(21) CHRIS R SHERIDAN, JR BOARD MEMBER	1 0	X					0.	0.	0.
(22) G BOONE SMITH, III BOARD MEMBER	0.2 0	X					0.	0.	0.
(23) SCOTT W SPIVEY BOARD MEMBER	0.5 0	X					0.	0.	0.
(24) KATHRYN H DENNIS PRES & BD MEMB	40 0	X		X			143,500.	0.	19,099.
(25) CHARLOTTE B BOGLE BOARD MEMBER	1 0	X					0.	0.	0.
<b>1 b Sub-total</b>							143,500.	0.	19,099.
<b>c Total from continuation sheets to Part VII, Section A</b>							100,734.	0.	19,856.
<b>d Total (add lines 1b and 1c)</b>							244,234.	0.	38,955.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization <b>2</b>									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	<b>3</b>	X
<b>4</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X

**Section B. Independent Contractors**

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



# 2012

Name of the Organization

Employer Identification number	
--------------------------------	--

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

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

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	3,620.		
	d Related organizations	1 d			
	e Government grants (contributions)	1 e			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	6,011,119.		
	g Noncash contributions included in lns 1a-1f: \$		897,318.		
	h Total. Add lines 1a-1f		6,014,739.		
	Business Code				
	PROGRAM SERVICE REVENUE	2 a NONE			
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)		1,621,402.	
	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		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ 3,620. of contributions reported on line 1c). See Part IV, line 18	a	3,105.		
	b Less: direct expenses	b	24,620.		
	c Net income or (loss) from fundraising events		-21,515.		-21,515.
	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					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		8,028,095.	0.	0.	2,013,356.

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response 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	4,141,746.	4,141,746.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	198,767.	198,767.		
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	253,400.	68,418.	101,360.	83,622.
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	145,550.	88,756.	53,842.	2,952.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	31,760.	12,512.	12,356.	6,892.
9 Other employee benefits	18,059.	8,307.	7,043.	2,709.
10 Payroll taxes	27,607.	10,876.	10,740.	5,991.
11 Fees for services (non-employees):				
a Management				
b Legal	10,365.	4,768.	4,042.	1,555.
c Accounting	24,514.	11,276.	9,560.	3,678.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	456,283.		456,283.	
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	48,617.	22,364.	18,961.	7,292.
12 Advertising and promotion				
13 Office expenses	5,843.	2,688.	2,279.	876.
14 Information technology	26,530.	12,204.	10,347.	3,979.
15 Royalties				
16 Occupancy	22,315.	10,265.	8,703.	3,347.
17 Travel	15,159.	6,973.	5,912.	2,274.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,492.	2,526.	2,142.	824.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,670.	13,648.	11,571.	4,451.
23 Insurance	8,556.	529.	7,736.	291.
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	48,958.	35,104.		13,854.
b DUES & PUBLICATIONS	16,093.	7,403.	6,276.	2,414.
c DONOR DEVELOPMENT	15,870.			15,870.
d PROPERTY TAX	8,784.		8,784.	
e All other expenses	14,216.	6,146.	5,990.	2,080.
25 Total functional expenses. Add lines 1 through 24e	5,574,154.	4,665,276.	743,927.	164,951.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>1</b> Cash — non-interest-bearing .....	13,646.	<b>1</b>	6,377.
	<b>2</b> Savings and temporary cash investments .....	6,650,091.	<b>2</b>	6,055,309.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	73,500.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	24,235.	<b>9</b>	20,531.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 317,026.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 260,691.		
		75,153.	<b>10c</b>	56,335.
	<b>11</b> Investments — publicly traded securities .....	47,884,506.	<b>11</b>	55,780,797.
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	7,270,193.	<b>15</b>	7,303,691.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	61,917,824.	<b>16</b>	69,296,540.	
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses .....	778.	<b>17</b>	471.
	<b>18</b> Grants payable .....	146,396.	<b>18</b>	393,432.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	8,796,512.	<b>25</b>	9,703,528.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,943,686.	<b>26</b>	10,097,431.
	<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets .....		50,966,629.	<b>27</b>	57,193,069.
<b>28</b> Temporarily restricted net assets .....		2,007,509.	<b>28</b>	2,006,040.
<b>29</b> Permanently restricted net assets .....			<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> Total net assets or fund balances .....		52,974,138.	<b>33</b>	59,199,109.
<b>34</b> Total liabilities and net assets/fund balances .....		61,917,824.	<b>34</b>	69,296,540.

BAA

Form 990 (2012)

**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	8,028,095.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,574,154.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,453,941.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,974,138.
5	Net unrealized gains (losses) on investments	5	4,572,144.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9	-801,114.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,199,109.

**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?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

BAA

Form 990 (2012)

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

**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 — Non-functionally integrated
- 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?

- (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? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	6,111,197.	8,139,590.	5,922,381.	3,935,982.	6,014,739.	30,123,889.
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 <b>Total.</b> Add lines 1 through 3.	6,111,197.	8,139,590.	5,922,381.	3,935,982.	6,014,739.	30,123,889.
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).						1,195,348.
6 <b>Public support.</b> Subtract line 5 from line 4.						28,928,541.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	6,111,197.	8,139,590.	5,922,381.	3,935,982.	6,014,739.	30,123,889.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,544,344.	1,015,592.	1,458,811.	1,677,815.	1,621,402.	7,317,964.
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	-16,456.	-9,485.	-14,910.	-14,828.	-21,515.	-77,194.
11 <b>Total support.</b> Add lines 7 through 10.						37,364,659.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	77.42 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	74.13 %
16a <b>33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test – 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <b>Total support.</b> (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 2012 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from <b>2011</b> Schedule A, Part III, line 17. . . . .	18	%

19a **33-1/3% support tests — 2012.** 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 — 2011.** 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. . . . . ☐

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

2012

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 053465

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

11/06/13

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## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2012	2011	2010	2009	2008
SPECIAL EVENTS	\$ -21,515.	\$ -14,828.	\$ -14,910.	\$ -9,485.	\$ -16,456.
TOTAL	<u>\$ -21,515.</u>	<u>\$ -14,828.</u>	<u>\$ -14,910.</u>	<u>\$ -9,485.</u>	<u>\$ -16,456.</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

**2012****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) .....	2,774,546.	
3 Aggregate grants from (during year) .....	2,214,176.	32,400.
4 Aggregate value at end of year .....	30,273,105.	688,422.

- 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).

- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ **Yes** ☐ **No**
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered 'Yes' 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 XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' 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 XIII and complete the following table:

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

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

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

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance.....	53,113,402.	54,413,280.	43,601,079.	36,253,203.	43,049,546.
b Contributions.....	3,976,860.	3,283,130.	3,615,981.	5,342,715.	4,019,321.
c Net investment earnings, gains, and losses.....	6,109,215.	-991,398.	10,151,301.	4,381,936.	-8,314,905.
d Grants or scholarships.....	-2,728,234.	-3,120,324.	-2,624,440.	-2,006,735.	-2,134,731.
e Other expenditures for facilities and programs.....	-43,387.	-66,033.	-30,550.	-27,653.	-41,603.
f Administrative expenses.....	-432,123.	-405,254.	-300,091.	-342,386.	-324,424.
g End of year balance.....	59,995,733.	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:

(i) unrelated organizations..... 

3a(i)	Yes	No
		X

(ii) related organizations..... 

3a(ii)	Yes	No
		X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 

3b	Yes	No

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

**Part VI Land, Buildings, and Equipment.** 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.....		317,026.	260,691.	56,335.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 56,335.

BAA

Schedule D (Form 990) 2012



**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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	4,776,759.
(2) COLLECTIONS	12,000.
(3) CONTRIBUTIONS RECEIVABLE	317,718.
(4) INTEREST & DIVIDENDS RECEIVABLE	126,314.
(5) PROPERTY HELD FOR RESALE	2,070,900.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.) .....	7,303,691.

**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	8,295.
(3) AGENCY ENDOWMENTS	6,609,651.
(4) LIABILITIES UNDER SPLIT INT. AGREEM	3,085,582.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) .....	9,703,528.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,046,337.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,572,144.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	111,371.
e	Add lines 2a through 2d	2e	4,683,515.
3	Subtract line 2e from line 1	3	6,362,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.) SEE PART XIII	4b	1,665,273.
c	Add lines 4a and 4b	4c	1,665,273.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,028,095.

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

1	Total expenses and losses per audited financial statements	1	4,821,366.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,821,366.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.) SEE PART XIII	4b	752,788.
c	Add lines 4a and 4b	4c	752,788.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,574,154.

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

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

2012

## SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 053465

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

11/06/13

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## SCHEDULE D, PART XI, LINE 2D

## OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CHANGE IN SPLIT INTEREST TRUST.....	\$	111,371.
TOTAL	\$	<u>111,371.</u>

## SCHEDULE D, PART XI, LINE 4B

## OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

ASC BOOK \ TAX DIFFERENCE.....	\$	1,665,273.
TOTAL	\$	<u>1,665,273.</u>

## SCHEDULE D, PART XII, LINE 4B

## OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

ASC BOOK \ TAX DIFFERENCE.....	\$	752,788.
TOTAL	\$	<u>752,788.</u>

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

58-2053465

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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. 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 **100**
- 3 Enter total number of other organizations listed in the line 1 table **7**

**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	74	74,636.			
2 COMM DEVEL GRANT PROGRAM	8	121,131.			
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, Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE COMMUNITY FOUNDATION OF CENTRAL 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 COMMUNITY 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	(h) Purpose
21st Century Partnership Foundation	804 Park Drive	Warner Robins	GA	31088	582562671	501c(6)	\$ 100,000.00	Studies
							\$ 100,000.00	Studies
							\$ 100,000.00	Studies
							\$ 100,000.00	Studies
Abundant Life Soup Kitchen, Inc.	132 North Tenth Street	Griffin	GA	30223	59-3762964	501c(3)	\$ 5,500.00	General contribution
All Saints Episcopal Church	634 West Peachtree Street NW	Atlanta	GA	30308	58-0572411	501c(3)	\$ 12,579.58	General contribution
Alzheimer's Association - Central Georgia	886 Mulberry Street	Macon	GA	31201	58-1492046	501c(3)	\$ 100.00	General contribution
							\$ 1,500.00	General contribution
							\$ 10,000.00	General contribution
American Red Cross - Central Georgia Chapter	195 Holt Avenue	Macon	GA	31201	58-0566203	501c(3)	\$ 15,000.00	Emergency Disaster Relief
American Red Cross - National	PO Box 4002018	Des Moines	IA	50340-2018	53-0196605	501c(3)	\$ 300.00	Hurricane Sandy Relief
							\$ 1,000.00	Storm Recovery
							\$ 300.00	Oklahoma tornado victims
							\$ 5,000.00	Oklahoma Tornado Relief
Angel Flight of Georgia, Inc.	2000 Airport Road Suite 227	Atlanta	GA	30341	58-1702239	501c(3)	\$ 5,170.00	Fly A Central Georgian Program
Atlanta Botanical Garden	1345 Piedmont Avenue, NE	Atlanta	GA	30309	58-1313284	501c(3)	\$ 100,000.00	Classroom at the Smithgall Woodland Garden
Big Brothers Big Sisters of the Heart of Georgia	777 Walnut Street	Macon	GA	31201	58-0707593	501c(3)	\$ 500.00	General contribution
							\$ 2,500.00	Georgia Gives Day Award
							\$ 1,000.00	General contribution
							\$ 7,000.00	Emergency support
							\$ 1,000.00	General contribution
							\$ 250.00	General contribution

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	(h) Purpose
Boy Scouts of America - Central GA Council	4335 Confederate Way	Macon	GA	31217	58-0633976	501c(3)	\$ 15,000.00	Scoutreach
							\$ 1,000.00	General contribution
							\$ 250.00	General contribution
							\$ 500.00	General contribution
							\$ 250.00	Golden Eagle Dinner
							\$ 500.00	General contribution
							\$ 250.00	General contribution
							\$ 300.00	Troop #235 for Summer Camp in Atlanta
Boys and Girls Clubs of Central Georgia	277 MLK Jr. Blvd, Suite 202	Macon	GA	31201	58-0621444	501c(3)	\$ 400.00	General Contribution
							\$ 500.00	General contribution
							\$ 2,500.00	Georgia Gives Day Award
							\$ 15,000.00	Project Learn
							\$ 1,000.00	General contribution
Campus Clubs, Inc.	2193 Vineville Avenue	Macon	GA	31204	58-2373761	501c(3)	\$ 1,450.00	General contribution
							\$ 5,600.00	Smart board, tables and chairs
							\$ 1,000.00	General operating fund
							\$ 1,000.00	Annual operating budget
							\$ 10,000.00	scholarships
Catholic University of America	620 Michigan Avenue, N.E.	Washington	DC	20064	53-0196583	501c(3)	\$ 25,000.00	Endowment Fund for the Center for the Advancement of Children, Youth, and Families
Centenary Community Ministries, Inc.	1290 College Street	Macon	GA	31201	80-0307351	501c(3)	\$ 6,500.00	Macon Roving Listener Program - Year-round extension of summer program
							\$ 5,000.00	Roving Listening Summer Project

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	(h) Purpose
Central Georgia C.A.R.E.S	c/o Central Georgia Financial Services 520 Professional Drive #2	Macon	GA	31201	26-4244530	501c(3)	\$ 2,500.00	Georgia Gives Day Award
							\$ 45,317.08	Provide support for homeless animals, promotion of spay/neuter programs, and the elimination of animal cruelty
Central Georgia Opera Guild	c/o Janice Brice, Treasurer 554 Rosa Taylor Drive	Macon	GA	31204	58-2053465	501c(3)	\$ 3,500.00	General contribution
							\$ 3,000.00	General contribution
Christ Episcopal Church	582 Walnut Street	Macon	GA	31201	58-0593393	501c(3)	\$ 5,000.00	General contribution
							\$ 2,500.00	General contribution
							\$ 1,000.00	Operating Expenses
							\$ 1,200.00	General contribution
							\$ 1,200.00	General contribution
							\$ 1,200.00	General contribution
							\$ 1,200.00	General contribution
City of Hope	1055 Wilshire Blvd Suite 1200	Los Angeles	CA	90017	95-3435919	501c(3)	\$ 10,000.00	Cancer Research support
City of Macon	City of Macon 700 Poplar Street	Macon	GA	31201	58-600012	Government	\$ 3,800.00	Code for America summit attendance for City of Macon representatives
							\$ 1,338.64	U.S. Conference of Mayors Innovation Summit attendance for City representative
College Hill Alliance	c/o Mercer University 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 11,323.00	Bike the Corridor

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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	(h) Purpose
Communities in Schools of Milledgeville-Baldwin County, Inc.	P.O. Box 783	Milledgeville	GA	31059	270521158	501c(3)	\$ 3,500.00	Georgia Gives Day Award
							\$ 15,000.00	CISMBC - School Site Coordinator Program
Congregation Sha'arey Israel	611 First Street	Macon	GA	31201	23-7210538	501c(3)	\$ 9,700.00	General contribution
Conservatory for the Arts, Inc.	P.O. Box 788	Barnesville	GA	30204	27-4657498	501c(3)	\$ 3,500.00	Mentoring & Therapy Through the Arts
							\$ 2,000.00	Mentoring and Therapy through the Arts
Consumer Credit Counseling Service of Middle Georgia, Inc.	901 Washington Ave	Macon	GA	31201	58-1105840	501c(3)	\$ 12,356.00	Information Security for CCCS Clients
Crisis Line - Safe House of Middle Georgia	487 Cherry Street Third Floor Cherry Street Tower	Macon	GA	31201	58-1329248	501c(3)	\$ 15,000.00	Client Assistance Fund
Crossroads Counseling Center, Inc.	144 Pierce Avenue	Macon	GA	31204	58-2370553	501c(3)	\$ 10,000.00	Challenge Grant
DePaul USA	5725 Sprague Street	Philadelphia	PA	19138	35-2338110	501c(3)	\$ 10,500.00	Kitchen remodel for Daybreak facility
							\$ 13,740.00	Daybreak Opening Day Preparations
Digital Bridges	127 West Hancock Street	Milledgeville	GA	31061	58-6043972	501c(3)	\$ 4,000.00	Stories Through Art Community Building Workshops
							\$ 14,892.00	Community Content Strategy
Easter Seals Southern Georgia	1906 Palmyra Road	Albany	GA	31701-7061	58-1915733	501c(3)	\$ 55,000.00	Annual distribution
Family Counseling Center of Central Georgia, Inc.	277 MLK Blvd. Suite 203	Macon	GA	31201	58-0684376	501c(3)	\$ 3,500.52	Organization Support
							\$ 3,154.53	Organization Support
First Choice Primary Care	PO Box 4363	Macon	GA	31208	204391090	501c(3)	\$ 6,600.00	Engaging Support for School Based Health
							\$ 1,000.00	Georgia Gives Day Award

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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	(h) Purpose
First Presbyterian Church of Douglas, GA	407 E. Ward Street	Douglas	GA	31533	58-6131753	501c(3)	\$ 43,500.00	Manse Furnishings
First Presbyterian Church of Highlands, NC	P.O. Box 548	Highlands	NC	28741	56-1260777	501c(3)	\$ 10,000.00	General contribution
							\$ 1,000.00	General contribution
First Presbyterian Church of Macon	682 Mulberry Street	Macon	GA	31201	58-1138249	501c(3)	\$ 4,500.00	General contribution
							\$ 40,000.00	Chapel Renovations
							\$ 50,000.00	Chapel Renovations
							\$ 3,000.00	General contribution
Five Loaves & Two Fish Food Pantry	409 West Soloman Street	Griffin	GA	30223	58-1883884	501c(3)	\$ 10,000.00	General contribution
Forest Hills United Methodist Church	1217 Forest Hill Road	Macon	GA	31210	58-1095177	501c(3)	\$ 250.00	Backpack Ministry
							\$ 15,000.00	Backpack Ministry
							\$ 300.00	Backpack Ministry
							\$ 5,000.00	General contribution
Forsyth United Methodist Church	68 West Johnston Street	Forsyth	GA	31029	58-1376056	501c(3)	\$ 500.00	Unwed Mothers Fund
							\$ 4,000.00	Construction of the Library
							\$ 100.00	Operating Expense
							\$ 216,000.00	Scholarship fund
Fort Valley United Methodist Church	301 W. Church Street	Fort Valley	GA	31030	58-0669993	501c(3)	\$ 15,000.00	General contribution
							\$ 5,000.00	General contribution

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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	(h) Purpose
Friends of Tattnall Square Park	1073 Ash St.	Macon	GA	31201	46-0960667		\$ 100.00	General contribution
							\$ 14,528.00	Gathering Garden and Serpentine Wall
							\$ 32,950.00	Trees to plant in Tattnall Square Park
							\$ 78.76	Paint supplies for pavilion in the park
							\$ 4,200.00	Additional tree planting and landscaping
							\$ 43,464.47	Victor Stanley Trash Cans for Master Trash Plan for the Corridor Parks
							\$ 81,782.00	Woodland Arboretum Path and Oglethorpe/Adams Gateway
							\$ 22,070.00	Lawton Allee Gateway
							\$ 10,000.00	trees maintenance, shrubs and bushes, chess table
							\$ 200.00	20 High Resolution Photos for Big Belly Solar Trash Cans
							\$ 25,982.35	Purchase 5 Big Belly Solar Trashcans for the College Hill Corridor
							\$ 60.00	4 photo scans for Big Belly Solar Trash Cans
							\$ 3,000.00	3 benches for Tattnall Square Park
Georgia Center for Nonprofits, Inc.	100 Peachtree Street NW Suite 1500	Atlanta	GA	30303	58-2554789	501c(3)	\$ 10,000.00	Support of marketing and promotion of Georgia Gives Day 2012 in Central Georgia
Georgia College & State University Foundation	Campus Box 96	Milledgeville	GA	31061	58-6043972	501c(3)	\$ 3,500.00	Georgia Gives Day Award
							\$ 1,000.00	General Support
							\$ 2,500.00	General contribution



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	(h) Purpose
Georgia Industrial Children's Home, a campus of Twin Cedars	4690 North Mumford Road	Macon	GA	31210	58-0593405	501c(3)	\$ 1,200.00	General Contribution
							\$ 1,200.00	General Contribution
							\$ 1,500.00	General contribution
							\$ 1,500.00	General contribution
							\$ 300.00	Christmas Gifts for the kids
							\$ 300.00	Christmas Gifts for the kids
Georgia Lions Lighthouse Foundation, Inc.	5582 Peachtree Road	Chamblee	GA	30341	58-0548732	501c(3)	\$ 7,500.00	Central GA Eye Care
Georgia Public Broadcasting	260 14th Street NW	Atlanta	GA	30318	58-1510475	501c(3)	\$ 15,000.00	Central Georgia Challenge
							\$ 3,000.00	Macon Challenge Grant
Good News Clinics, Inc.	P.O. Box 2683	Gainesville	GA	30503	58-2058853	501c(3)	\$ 50,000.00	For the Medical Laboratory at the Good News Clinics
Goodwill Industries of Middle Georgia, Inc.	5171 Eisenhower Parkway	Macon	GA	31206	58-1249683	501c(3)	\$ 6,600.00	Polly's Hospitality Institute Teaching Kitchen
Grand Opera House	c/o Mercer University Office of Advanceme nt 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 1,000.00	Annual operating fund
							\$ 1,000.00	General Support
							\$ 19,000.00	Operating Support
Griffin-Spalding County United Way	P.O. Box 83	Griffin	GA	30224	58-6044667	501c(3)	\$ 60,000.00	General contribution
Hay House	934 Georgia Avenue	Macon	GA	31201-6708	23-7357226	501c(3)	\$ 250.00	Annual Fund
							\$ 1,000.00	General contribution
							\$ 650.00	General contribution
							\$ 8,100.00	April at Hay House events
							\$ 800.00	Support for civic involvement
Highlands-Cashiers Hospital Foundation	P.O. Box 742	Highlands	NC	28741	56-1165833	501c(3)	\$ 10,000.00	Campaign for Community Healthcare Excellence
							\$ 1,000.00	General contribution
							\$ 2,000.00	Annual gift

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	(h) Purpose
Historic Macon Foundation, Inc.	P.O. Box 13358	Macon	GA	31201	51-0200143	501c(3)	\$ 500.00	Sidney Lanier Cottage Operating Fund
							\$ 15,000.00	Downtown Revolving Fund
							\$ 4,812.50	Historic Macon Educational Video Series
							\$ 85,000.00	Bring Code Enforcement into the 21st Century
							\$ 3,000.00	General contribution
							\$ 5,100.00	Copier for Historic Macon Foundation Office
							\$ 92.80	Reimbursement for Ramble Expenses
							\$ 250.00	General contribution
							\$ 2,500.00	Georgia Gives Day Award
							\$ 90.00	Historic Preservation in Rose Hill Cemetery
							\$ 4,000.00	Care and maintenance of the Sidney Lanier Cottage
							\$ 41.72	General contribution
							\$ 250.00	General contribution
Historic Rose Hill Cemetery Foundation	P.O. Box 13779	Macon	GA	31208-3779	161629472	501c(3)	\$ 2,859.70	Welding of Fence at Rose Hill
							\$ 160.50	Aluminum Sign for Rose Hill Cemetery
							\$ 594.87	Repairs
							\$ 72.99	Rose Hill preservation efforts
							\$ 3,685.00	Rose Hill database and website
Hodac, Inc.	2762 Watson Blvd.	Warner Robins	GA	31093	58-1333698	501c(3)	\$ 40,000.00	Gateway Cottage
							\$ 45,000.00	Assist Gateway Cottage program
Hope Health Clinic	409 West Soloman Street	Griffin	GA	30223	20-0719396	501c(3)	\$ 17,500.00	General contribution

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	(h) Purpose
InTown Macon Neighborhood Association	Post Office Box 4811	Macon	GA	31208	58-7702130	501c(3)	\$ 1,400.00	Trolley Tours of Corridor at Tour of Homes
							\$ 5,800.00	Coleman Hill Reclamation Community Project
							\$ 5,000.00	To create a Master Plan for Coleman Hill Park
							\$ 30,000.00	Coleman Hill Natural Playground & Slide
							\$ 37,250.00	"Lights on Macon" - A night-time Walking and driving tour
Jay's HOPE Foundation, Inc.	1157B Forsyth Street	Macon	GA	31201	20-5117271	501c(3)	\$ 2,000.00	Giving HOPE Fort Valley
							\$ 2,500.00	Georgia Gives Day Award
							\$ 40,000.00	Community of HOPE: Daisy Park Renovation and Spray Pad Project
							\$ 15,000.00	Giving HOPE
Jewish Federation of Macon & Middle Georgia	Post Office Box 5276	Macon	GA	31208	58-1995040	501c(3)	\$ 7,500.00	General contribution
							\$ 3,300.00	General contribution
Kairos Prison Ministry	91 West Johnston Street	Forsyth	GA	31029	38-3764153	501c(3)	\$ 10,000.00	General contribution
Loaves & Fishes Ministries	P.O. Box 825	Macon	GA	31202	58-1880653	501c(3)	\$ 6,600.00	Transitional Housing and Day Life Services
							\$ 65,000.00	Building reconfiguration project
							\$ 250.00	Thanksgiving/Christmas Fund
							\$ 250.00	General contribution
							\$ 700.00	General contribution
Macon Area Habitat for Humanity	690 Holt Avenue	Macon	GA	31204	58-1674696	501c(3)	\$ 7,500.00	Strategic Planning and Board Governance project.
							\$ 2,500.00	Georgia Gives Day Award
							\$ 1,000.00	General contribution

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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	(h) Purpose
Macon Arts Alliance, Inc.	486 First Street	Macon	GA	31201	58-1546962	501c(3)	\$ 1,600.00	For grantwritng services associated with NEA application
							\$ 250.00	General contribution
							\$ 2,000.00	General contribution
							\$ 10,000.00	Operating Expenses
							\$ 2,000.00	General contribution
							\$ 750.00	General contribution
							\$ 2,500.00	Georgia Gives Day Award
							\$ 250.00	Fired Works
							\$ 250.00	General contribution
							\$ 1,500.00	Underwrite Arts Advocacy Day
Macon Bibb County Economic Opportunity Council Inc.	653 2nd Street, Suite 200	Macon	GA	31201	58-0957208	501c(3)	\$ 15,000.00	Improvement of Quality of Life/ Self-Sufficiency Program
Macon Civil War Sesquicentennial Fund Committee	277 MLK Jr. Blvd	Macon	GA	31201			\$ 2,437.50	Six historical markers
							\$ 2,437.50	Six historical markers
							\$ 301.00	Corrected historical marker
Macon Economic Development Commission, Inc.	305 Coliseum Drive	Macon	GA	31217	58-1160285	501c(6)	\$ 5,167.00	General contribution
							\$ 5,167.00	General contribution
							\$ 500.00	General contribution
							\$ 4,312.00	General contribution
							\$ 10,000.00	Regional Economic Development Strategic Planning Initiative
							\$ 4,312.00	General contribution
							\$ 15,000.00	MAcon NOW!
							\$ 9,435.05	General contribution
							\$ 10,409.39	General contribution

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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	(h) Purpose
Macon Golf for Kids	600 New Street	Macon	GA	31201	04-3692728	501c(3)	\$ 2,000.00	Golf instruction for underserved youth
							\$ 2,000.00	Golf instruction for underserved youth
							\$ 2,000.00	Golf instruction for underserved youth
							\$ 2,000.00	Golf instruction for underserved youth
							\$ 500.00	General contribution
							\$ 1,000.00	General contribution
							\$ 2,000.00	Golf instruction for underserved youth
							\$ 1,000.00	Golf instruction for underserved youth
Macon Police Department	P. O. Box 247	Macon	GA	31202	58-6000612	Government	\$ 8,448.20	Family Fun Fest 2
Macon Regional Crimestoppers	P.O. Box 6276	Macon	GA	31208-6276	58-2549830	501c(3)	\$ 500.00	General contribution
							\$ 1,625.00	Purchase of refurbished computers and consulting/installation by Digital Bridges
							\$ 12,690.00	Website redesign, including design-build costs, training, updates, monthly maintenance support, Constant Contact and a host of Crimestoppers-law enforcement interface capabilities.
Macon Rescue Mission	P.O. Box 749	Macon	GA	31202	58-6011446	501c(3)	\$ 15,000.00	Multi Purpose Storage Closet and Painting of Mission Building
							\$ 250.00	Thanksgiving/Christmas Fund
Macon State College Foundation	100 College Station Drive, A-217	Macon	GA	31206-5145	23-7066010	501c(3)	\$ 14,773.26	End of Life Seminar
							\$ 6,600.00	Smart Choices 4 Me
Macon Symphony Orchestra, Inc.	400 Poplar Street	Macon	GA	31201-3336	58-1309733	501c(3)	\$ 166.88	Georgia Gives Day Award
							\$ 10,000.00	General contribution

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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	(h) Purpose
Macon Volunteer Clinic, Inc.	376 Rogers Avenue	Macon	GA	31204	74-3055376	501c(3)	\$ 250.00	General contribution
							\$ 1,000.00	General contribution
							\$ 2,500.00	Georgia Gives Day Award
							\$ 11,430.00	Macon Volunteer Clinic's Ophthalmology Clinic and Kitchen Remodel
Macon-Bibb County Convention and Visitors Bureau, Inc.	P.O. Box 6354	Macon	GA	31208	58-1465549	501c(6)	\$ 10,000.00	Tourism Technology Initiative.
							\$ 2,000.00	Tourism Technology Initiative.
Macon-Bibb County Parks and Recreation Department	Post Office Box 247	Macon	GA	31298	58-6000612	Government	\$ 5,000.00	Tattnall Square Sidewalk Chalk Festival
							\$ 1,950.00	Yappy Hour
							\$ 15,000.00	Improving Technology Resources
Macon-Bibb County Urban Development Authority	305 Coliseum Drive	Macon	GA	31217	58-0333200	501c(6)	\$ 16,000.00	To retain Zimmerman/Volk Associates to conduct an analysis of residential market potential in the UDA East Macon study area
Marcus Jewish Community Center of Atlanta	5342 Tilly Mill Rd	Dunwoody	GA	30338	58-0566126	501c(3)	\$ 10,000.00	General contribution
Medcen Community Health Foundation, Inc.	858 High Street	Macon	GA	31201	23-7363555	501c(3)	\$ 5,000.00	Cancer Center
							\$ 100.00	Pine Pointe Hospice
							\$ 48,726.35	Comprehensive Cancer Center, Patient Room in the Infusion Center

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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	(h) Purpose
Mercer University	Advance-ment Office 1400 Coleman Avenue	Macon	GA	31207	58-0566167	501c(3)	\$ 50,000.00	Mercer on Mission, prosthetic project
							\$ 10,000.00	Marketing and Promotion support for 2012 A Grand Mercer Christmas
							\$ 500.00	Sponsorship of the President's Club event
							\$ 1,000.00	Townsend School of Music, McDuffie School for Strings
							\$ 500.00	International Affairs Program
							\$ 500.00	W. D. Hazlehurst Scholarship
							\$ 1,063.00	School of Medicine
							\$ 2,000.00	Macon Promise Neighborhood Resident Leadership training
							\$ 5,000.00	General contribution
							\$ 500.00	William A. Bootle Chair of Ethics
Middle Georgia Technical College	80 Cohen Walker Drive	Warner Robins	GA	31088	58-1838977		\$ 12,500.00	English As a Second Language Instructional program
Mission to the World PCA, Inc.	P.O. Box 116284	Atlanta	GA	30368	58-2325982	501c(3)	\$ 15,000.00	General contribution
							\$ 16,000.00	General contribution
Mulberry Street United Methodist Church	P.O. Box 149	Macon	GA	31202	58-0648689	501c(3)	\$ 250.00	Music Fund
							\$ 8,000.00	General contribution

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	(h) Purpose
Museum of Arts and Sciences	4182 Forsyth Road	Macon	GA	31210	58-0806933	501c(3)	\$ 2,200.00	General contribution
							\$ 1,100.00	General contribution
							\$ 1,100.00	General contribution
							\$ 1,100.00	General contribution
							\$ 1,000.00	William P. Simmons Art Fund
							\$ 6,600.00	Wild Music: Sounds & Songs of Life"
							\$ 500.00	Festival of trees
							\$ 2,000.00	General contribution
							\$ 5,000.00	Capital campaign- Discovery House first floor
							\$ 5,000.00	General contribution
							\$ 1,000.00	General contribution
							\$ 250.00	General contribution
							\$ 250.00	Festival of Trees
NewTown Macon	479 Cherry Street	Macon	GA	31201-3320	58-2273893	501c(3)	\$ 14,777.61	General contribution
							\$ 6,600.00	Live Downtown Marketing Campaign
							\$ 110.34	Gateway Initiative
							\$ 2,500.00	Georgia Gives Day Award
							\$ 107,298.00	Operating support
							\$ 56,000.00	Annual distribution
							\$ 300.00	Signage to rename a trolley "Dreams to Remember"
North Macon Presbyterian Church	5707 Rivoli Drive	Macon	GA	31210	58-1761731	501c(3)	\$ 10,000.00	Capital Campaign
Northside Baptist Church	P.O. Box 794	Milledgeville	GA	31061	581527926	501c(3)	\$ 6,300.00	Improvements for senior adult Sunday school building and church office
Ocmulgee National Park & Preserve Initiative (ONPPI)	502 Mulberry Street	Macon	GA	31201	45-3622788	501c(3)	\$ 6,600.00	Developing Inter-Agency Opportunities to Enhance Conservation, Recreation, and Heritage Tourism for Public Lands along the Ocmulgee River
							\$ 15,000.00	General contribution



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	(h) Purpose
Oconee River Greenway Foundation, Inc.	1641 N Jefferson St	Milledgeville	GA	31061	20-0440767	501c(3)	\$ 3,500.00	Georgia Gives Day Award
							\$ 9,600.00	Oconee River Greenway Community Outreach Program
Peachtree Road United Methodist Church	3180 Peachtree Road, NW	Atlanta	GA	30305	58-0655363	501c(3)	\$ 700.00	Imagine Capital Campaign
							\$ 1,650.00	General contribution
							\$ 250.00	Christmas Kindness
							\$ 3,500.00	Imagine Campaign
							\$ 2,500.00	Imagine Campaign
Project Giving	P.O. Box 7996	Warner Robins	GA	31095-7996	58-2085313	501c(3)	\$ 1,000.00	General contribution
							\$ 6,600.00	General Support
Rebuilding Macon, Inc.	3864 Lake Street	Macon	GA	31204	58-1978433	501c(3)	\$ 15,000.00	Emergency Repairs Program
							\$ 25,000.00	Macon a Difference in the Corridor with the Look
Rehoboth Life Care Ministry, Inc.	104 Country Lane	Kathleen	GA	31047	58-0912685	501c(3)	\$ 15,000.00	Dental Hygiene & Denture Clinic
Rotary Club of Macon, Georgia	Rotary Club of Macon c/o McNair, McLemore, Middlebrooks & Co. P.O. Box One	Macon	GA	31202	58-0333575	501c(4)	\$ 3,173.02	Challenge grant for The CART Fund (Alzheimer's Research)
							\$ 869.00	Challenge grant for The CART Fund
							\$ 500.00	Holiday Charitable Project
							\$ 1,000.00	Burdell Hunt Christmas Project
							\$ 255.00	Burdell Hunt Christmas Project
							\$ 300.00	CART Fund Match
							\$ 505.00	CART Fund Match

EYE 6/30/13

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	(h) Purpose
Rotary Educational Foundation of Macon, Inc.	c/o McNair, McLemore, Middlebrooks P.O. Box One	Macon	GA	31201	58-6034632	501c(3)	\$ 7,000.00	For scholarships
Salvation Army - Griffin	P.O. Box 798	Griffin	GA	30224	58-0660607	501c(3)	\$ 20,500.00	General contribution
Samaritan's Purse	P.O. Box 3000	Boone	NC	28607	58-1437002	501c(3)	\$ 1,000.00	Hurricane Sandy Relief
							\$ 5,000.00	Oklahoma Tornado Relief
St. Joseph's School	905 High Street	Macon	GA	31201	58-1242209	501c(3)	\$ 400,000.00	Capital Campaign
Stepping Stones Educational Therapy Center, Inc.	141 Futral Road	Griffin	GA	30224	58-1903238	501c(3)	\$ 6,000.00	General contribution
Stratford Academy	6010 Peake Road	Macon	GA	31210-3903	58-0831002	501c(3)	\$ 350.00	Annual Fund
							\$ 1,000.00	Loyalty Fund
							\$ 50.00	Loyalty Fund
							\$ 1,000.00	Ann Brown Tift Scholarship Fund
							\$ 2,400.00	For the Joel Plant Hatcher Scholarship Fund
							\$ 1,000.00	Anne Brown Tift Scholarship Fund
Strong Tower Fellowship	2193 Vineville Avenue	Macon	GA	31204	58-0637239	501c(3)	\$ 14,000.00	Operating funds
							\$ 1,000.00	Operating funds
							\$ 1,450.00	General contribution
							\$ 5,000.00	General contribution
							\$ 14,500.00	Operating funds
The Smile Train	41 Madison Avenue (at 26th Street) 28th Floor	New York	NY	10010	13-3661416	501c(3)	\$ 20,000.00	General contribution

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	(h) Purpose
Theatre Macon, Inc.	438 Cherry Street	Macon	GA	31201	58-1693192	501c(3)	\$ 250.00	Annual Fund
							\$ 100.00	General contribution
							\$ 500.00	General contribution
							\$ 10,000.00	Emergency financial assistance
							\$ 500.00	General contribution
Tubman African American Museum	340 Walnut Street	Macon	GA	31201	58-1420630	501c(3)	\$ 15,000.00	Extended Day After-School Arts Education Program
United in Pink	2550-A Northside Crossing	Macon	GA	31210	20-5848087	501c(3)	\$ 2,500.00	Georgia Gives Day Award
							\$ 2,500.00	To assist with outfitting their meeting space to support webinars and other survivor-related educational programs.
							\$ 250.00	Summer camp
United Way of Central Georgia, Inc.	P.O. Box 1302	Macon	GA	31202-1302	58-0639811	501c(3)	\$ 2,300.00	Loaned Executive Program
							\$ 1,200.00	General contribution
							\$ 1,000.00	General contribution
							\$ 1,300.00	General contribution
							\$ 10,000.00	General contribution
							\$ 10,000.00	General contribution
							\$ 10,000.00	General contribution
							\$ 3,000.00	General contribution
							\$ 3,500.00	General contribution
							\$ 1,000.00	Georgia Gives Day Award
							\$ 11,600.00	United Way Board Advance
US Ski and Snow Board Team Foundation	1 Victory Lane Box 100	Park City	UT	84060	84-6030639	501c(3)	\$ 25,000.00	General contribution
Vail Valley Foundation	P. O. Box 309	Vail	CO	81658	74-2215035	501c(3)	\$ 25,000.00	General contribution
							\$ 15,000.00	General contribution
Wesley Glen Ministries	4580 North Mumford Road	Macon	GA	31210	58-2400262	501c(3)	\$ 1,000.00	Georgia Gives Day Award
							\$ 15,000.00	Effective Communication through Assistive Technology
							\$ 5,000.00	General contribution

EYE 6/30/13

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	(h) Purpose
Wesleyan College	4760 Forsyth Road	Macon	GA	31210	58-0593438	501c(3)	\$ 1,000.00	Newsome Beautification Fund
							\$ 5,000.00	Taylor Hall Student Lounge Project
							\$ 100.00	Annie Anderson Jones Endowed Scholarship
							\$ 1,000.00	Music Department
							\$ 2,500.00	Georgia Gives Day Award
							\$ 1,600.00	Burden Parlor
							\$ 48,700.00	\$10,000 for the Annual Fund; \$21,200 for renovations to the Porter Fine Arts Building; and \$17,500 for new equipment

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

Employer identification number

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, but explain in Part III.

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

**4** During the year, did any person listed 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

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

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

Schedule J (Form 990) 2012

**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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	KATHRYN H DENNIS PRES & BD MEMB	(i) 143,500.	(ii) 0.	(iii) 0.	11,600.	7,499.	162,599.	0.
		0.	0.	0.	0.	0.	0.	0.
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

BAA

TEEA4102L 12/11/12

Schedule J (Form 990) 2012

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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.

[illegible]

**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

**2012****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	60	718,569.	
10 Securities — Closely held stock .....	X	1	165,000.	
11 Securities — Partnership, LLC, or trust interests .....	X	1	13,749.	
12 Securities — Miscellaneous .....				
13 Qualified conservation contribution — Historic structures .....				
14 Qualified conservation contribution — Other .....				
15 Real estate — Residential .....				
16 Real estate — Commercial .....				
17 Real estate — Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ..... ) .....				
26 Other ▶ ( ..... ) .....				
27 Other ▶ ( ..... ) .....				
28 Other ▶ ( ..... ) .....				

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

	Yes	No
<b>30a</b>		X
<b>31</b>	X	
<b>32a</b>	X	
<b>33</b>		

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

Schedule M (Form 990) 2012



**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

**2012**

**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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CFCG HOLDINGS LLC 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) Dispropor- tionate 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	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1 a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1 b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1 c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1 d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1 e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1 f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1 g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1 h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1 i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1 j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1 k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1 l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1 m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1 n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1 o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1 p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1 q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1 r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1 s</b>	X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' 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, unre- lated, 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) Dispropor- tionate 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) ----- ----- -----													

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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 - CEO, TOP MANAGEMENT**

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

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

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).



2012

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 053465

COMMUNITY FOUNDATION OF CENTRAL GA, INC.

58-2053465

11/06/13

01:49PM

## FORM 990, PART XI, LINE 9

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ASC BOOK/TAX DIFFERENCE - EXPENSES .....	\$	752,788.
ASC BOOK/TAX DIFFERENCE - REVENUES .....		-1,665,273.
CHANGE IN SPLIT INTEREST TRUSTS .....		111,371.
TOTAL	\$	<u>-801,114.</u>