

EXTENDED TO NOVEMBER 17, 2025

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning _____ and ending _____

| | | | | | |
|--|---|---|--|--|--|
| B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending | C Name of organization COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA | | D Employer identification number 58-1557995 | | |
| | Doing business as | | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) 6500 SUGARLOAF PKWY | | Room/suite 220 | | |
| | City or town, state or province, country, and ZIP or foreign postal code DULUTH, GA 30097 | | | | |
| | F Name and address of principal officer: DEPRIEST WADDY SAME AS C ABOVE | | | | |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | | 527 | | |
| | J Website: WWW.CFNEG.ORG | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other | | L Year of formation: 1985 M State of legal domicile: GA | | | |

Part I Summary

| | | |
|--|--|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | |
| | 2 Check this box 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 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 | |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 | |
| | 6 Total number of volunteers (estimate if necessary) 49 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 294,190. | |
| Revenue | b Net unrelated business taxable income from Form 990-T, Part I, line 11 282,435. | |
| | 8 Contributions and grants (Part VIII, line 1h) 15,135,021. | |
| | 9 Program service revenue (Part VIII, line 2g) 0. | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,722,630. | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 139,553. | |
| Expenses | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,997,204. | |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,307,114. | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 658,969. | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. | |
| | b Total fundraising expenses (Part IX, column (D), line 25) 395,613. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 917,107. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,883,190. | |
| | 19 Revenue less expenses. Subtract line 18 from line 12 3,114,014. | |
| | | |
| Net Assets or Fund Balances | Beginning of Current Year 79,004,678. | |
| | End of Year 91,729,727. | |
| | 20 Total assets (Part X, line 16) 14,897,301. | |
| | 21 Total liabilities (Part X, line 26) 64,107,377. | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 18,977,890. | | |
| | | |
| 23 Net assets or fund balances. Subtract line 21 from line 20 72,751,837. | | |

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 DEPRIEST WADDY, PRESIDENT & CEO | | Date | |
| | Type or print name and title | | | |
| Paid | Preparer's name GREGORY W. HAYES | Preparer's signature GREGORY W. HAYES | Date 12/04/25 | Check if self-employed P00054246 |
| | Firm's name MSTILLER LLC | | Firm's EIN 58-0673524 | |
| Preparer | Firm's address 1960 SATELLITE BLVD., SUITE 3600 DULUTH, GA 30097 | | Phone no. (770) 995-8800 | |
| | | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ **13,868,295.** including grants of \$ **13,473,513.**) (Revenue \$ _____)

DISTRIBUTING INVESTMENT INCOME TO NON-PROFIT ORGANIZATIONS SERVING IN
THE AREAS OF HEALTH, HUMAN SERVICES, EDUCATION, COMMUNITY SERVICE AND
THE ARTS

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

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

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

(Expenses \$

including grants of \$

) (Revenue \$)

4e Total program service expenses

13,868,295.

Form 990 (2024)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 3

Part IV Checklist of Required Schedules

| | Yes | No |
|---|------------|-----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 X | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 X | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 X | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 X | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 X | |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11a | |
| 11a | X | |
| 11b | X | |
| 11c | X | |
| 11d | X | |
| 11e | X | |
| 11f | X | |
| 12a | X | |
| 12b | X | |
| 13 | X | |
| 14a | X | |
| 14b | X | |
| 15 | X | |
| 16 | X | |
| 17 | X | |
| 18 | X | |
| 19 | X | |
| 20a | X | |
| 20b | | |
| 21 | X | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 4

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|----|--|------------|-----------|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 3 |
| 1b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| 1c | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | Yes | No |
|--|-----|-----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 5 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7a | X |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | X |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/A |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/A |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | X |
| 9 Sponsoring organizations maintaining donor advised funds. | 9a | X |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9b | X |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | N/A | 10a |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | N/A | 11a |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | N/A | 12b |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | | N/A |
| Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | X |
| If "Yes," see the instructions and file Form 4720, Schedule N. | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | X |
| If "Yes," complete Form 4720, Schedule O. | | |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | N/A |
| If "Yes," complete Form 6069. | | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 6

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|-----------|-------------------------------------|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 49 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| 1b Enter the number of voting members included on line 1a, above, who are independent | 1b | 49 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | <input checked="" type="checkbox"/> | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | <input checked="" type="checkbox"/> | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <input checked="" type="checkbox"/> | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <input checked="" type="checkbox"/> | |
| 6 Did the organization have members or stockholders? | 6 | <input checked="" type="checkbox"/> | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | <input checked="" type="checkbox"/> | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | <input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? | 8b | <input checked="" type="checkbox"/> | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | <input checked="" type="checkbox"/> | |

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

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

Section C. Disclosure

| | |
|--|--|
| 17 List the states with which a copy of this Form 990 is required to be filed | GA |
| 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | |
| <input type="checkbox"/> Own website | <input type="checkbox"/> Another's website |
| <input checked="" type="checkbox"/> Upon request | <input type="checkbox"/> Other (explain on Schedule O) |
| 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records | |
| DEPRIEST WADDY, PRESIDENT & CEO - (770) 813-3380 | |
| 6500 SUGARLOAF PKWY, 220, DULUTH, GA 30097 | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|---------------------------------|--|--|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) DEPRIEST WADDY PRESIDENT/CEO | 40.00 | | X | | | | 251,667. | 0. | 19,300. |
| (2) MARIA SULLIVAN WALDEN DIR OF DEVELOPMENT | 40.00 | | | | X | | 118,064. | 0. | 18,489. |
| (3) SCOTT PHELAN CHAIR | 1.00 | X | X | | | | 0. | 0. | 0. |
| (4) KIM A. HARTSOCK VICE CHAIR | 1.00 | X | X | | | | 0. | 0. | 0. |
| (5) ROBIN F. SANSONE TREASURER | 1.00 | X | X | | | | 0. | 0. | 0. |
| (6) KENNETH M. MASSARONI SECRETARY | 2.00 | X | X | | | | 0. | 0. | 0. |
| (7) MARGARET BUGBEE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (8) ADAM C. WILSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (9) SAL AJANI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (10) BIN LIU DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (11) CARLA T. CARRAWAY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (12) DANIEL J. KING DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (13) DAVE COOK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (14) DAVID R. STILL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (15) DEAN COLLINS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (16) DONNA BEATTY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (17) DICK LOPRESTI DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 8

Part VII

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|---------------------------------|--|--|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (18) MATT BENVEGNA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (19) DR. CALVIN J. WATTS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (20) DR. DANIEL J. KAUFMAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (21) MAGGIE MICHEALS DECAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (22) ETHEL D. ANDERSEN, JD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (23) JAMES D. DENNARD, JR DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (24) JILL EDWARDS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (25) JILL KERSH DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (26) JIM JOEDECKE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | 369,731. | 0. | 37,789. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | 369,731. | 0. | 37,789. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

2

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------------|---------------------|
| CAPITAL GROUP (AMERICAN FUNDS), 1230 PEACHTREE ST., NE UNIT 2300, ATLANTA, GA | INVESTMENT MANAGEMENT SERVICES | 142,785. |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990

58-1557995

Part VII

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (27) JULIA DAVIS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (28) JULIE KEETON ARNOLD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (29) K. CLIFFORD BRAY, II DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (30) KATHRYN KIESER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (31) PEYTON JAMISON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (32) MICHAEL PARK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (33) MONTY G. WATSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (34) NATHAN POWELL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (35) CHERYL DELUCA-JOHNSON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (36) GREGORY E. LANG DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (37) J MICHAEL LEVENGOOD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (38) REP. SAM PARK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (39) TIM MINARD DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (40) EMORY MORSBERGER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (41) SANDRA J. STRICKLAND DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (42) SANTIAGO R. MARQUEZ DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (43) SCOTT JORDAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (44) BRIAN PEART DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (45) SLOAN JONES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |
| (46) SUSIE COLLAT DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. |

Total to Part VII, Section A, line 1c

Part VII

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

Total to Part VII, Section A, line 1c

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 9

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|---|-----------------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | 37,748. | | | |
| | c Fundraising events | 1c | 5,425. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 16,644,521. | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 3,861,314. | | | |
| | h Total. Add lines 1a-1f | | 16,687,694. | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2 a | | | | | |
| | 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) | | 1,887,592. | | 294,190. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | |
| | b Less: rental expenses | 6a | | | | |
| | c Rental income or (loss) | 6b | | | | |
| | d Net rental income or (loss) | 6c | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b Less: cost or other basis and sales expenses | 7a | 20,525,156. | | | |
| | c Gain or (loss) | 7b | 18,362,554. | 237,688. | | |
| d Net gain or (loss) | 7c | 2,162,602. | -237,688. | | | |
| 8 a Gross income from fundraising events (not including \$ 5,425. of contributions reported on line 1c). See Part IV, line 18 | 8a | 49,140. | | | 1924914. | |
| b Less: direct expenses | 8b | 20,240. | | | | |
| c Net income or (loss) from fundraising events | | | 28,900. | | 28,900. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| | 11 a NET ADMINISTRATIVE FEE INCOME | 900001 | 130,604. | | 130,604. | |
| | b RENTAL INCOME | 532000 | 3,510. | 3,510. | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | 134,114. | | | |
| 12 Total revenue. See instructions | | 20,663,214. | 3,510. | 294,190. | 3677820. | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 10

Part IX Statement of Functional Expenses

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 13,473,513. | 13,473,513. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 251,667. | | 213,917. | 37,750. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 307,910. | | 261,725. | 46,185. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 31,914. | | 27,127. | 4,787. |
| 9 Other employee benefits | 32,797. | | 27,877. | 4,920. |
| 10 Payroll taxes | 36,968. | | 31,423. | 5,545. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 319,448. | 319,448. | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 251,661. | | 245,361. | 6,300. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 20,088. | | 17,075. | 3,013. |
| 14 Information technology | 34,509. | | 29,329. | 5,180. |
| 15 Royalties | | | | |
| 16 Occupancy | 53,485. | | 45,463. | 8,022. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 5,524. | | 5,524. | |
| 20 Interest | 1,307. | | 1,307. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 7,263. | | 7,263. | |
| 23 Insurance | 8,234. | | 8,234. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a FEDERAL & STATE UNRELAT | 75,334. | 75,334. | | |
| b COMMUNICATIONS & PROMOT | 135,792. | | 135,792. | |
| c FUNDRAISING EXPENSE | 119,937. | | 119,937. | |
| d TAXES, LICENSES & FEES | 66,017. | | 64,629. | 1,388. |
| e All other expenses | 45,602. | | 28,808. | 16,794. |
| 25 Total functional expenses. Add lines 1 through 24e | 15,278,970. | 13,868,295. | 1,015,062. | 395,613. |
| 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) | | | | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 11

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|------------------------------------|---|---------------------------------|----|---------------------------|
| Assets | 1 Cash - non-interest-bearing | 1,643,297. | 1 | 2,126,204. |
| | 2 Savings and temporary cash investments | 2 | | |
| | 3 Pledges and grants receivable, net | 3 | | |
| | 4 Accounts receivable, net | 23,972. | 4 | 2,575. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 6 | | |
| | 7 Notes and loans receivable, net | 7 | | 294,801. |
| | 8 Inventories for sale or use | 8 | | |
| | 9 Prepaid expenses and deferred charges | 9 | | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | | 10c |
| | 11 Investments - publicly traded securities | 64,787,604. | 11 | 76,571,185. |
| | 12 Investments - other securities. See Part IV, line 11 | 12,471,544. | 12 | 12,550,560. |
| | 13 Investments - program-related. See Part IV, line 11 | 13 | | |
| | 14 Intangible assets | 14 | | |
| | 15 Other assets. See Part IV, line 11 | 78,261. | 15 | 184,402. |
| | 16 Total assets. Add lines 1 through 15 (must equal line 33) | 79,004,678. | 16 | 91,729,727. |
| Liabilities | 17 Accounts payable and accrued expenses | 68,625. | 17 | 162,074. |
| | 18 Grants payable | 18 | | |
| | 19 Deferred revenue | 19 | | |
| | 20 Tax-exempt bond liabilities | 20 | | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 21 | | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 14,828,676. | 25 | 18,815,816. |
| | 26 Total liabilities. Add lines 17 through 25 | 14,897,301. | 26 | 18,977,890. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | 27 | | |
| | 27 Net assets without donor restrictions | 49,743,451. | 27 | 56,496,127. |
| | 28 Net assets with donor restrictions | 14,363,926. | 28 | 16,255,710. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | 29 | | |
| | 29 Capital stock or trust principal, or current funds | 30 | | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | 31 | | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | 64,107,377. | 32 | 72,751,837. |
| | 32 Total net assets or fund balances | 79,004,678. | 33 | 91,729,727. |
| | 33 Total liabilities and net assets/fund balances | | | |

Form 990 (2024)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2024)

58-1557995 Page 12

Part XI Reconciliation of Net Assets

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

| | | |
|---|----|-------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 20,663,214. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,278,970. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 5,384,244. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 64,107,377. |
| 5 Net unrealized gains (losses) on investments | 5 | 3,260,216. |
| 6 Donated services and use of facilities | 6 | |
| 7 Investment expenses | 7 | |
| 8 Prior period adjustments | 8 | |
| 9 Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 72,751,837. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 | | |
| 2b 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 | | |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X |
| If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | X |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | |

Form 990 (2024)

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

| | | |
|--------------------------|---|--|
| Name of the organization | COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA | Employer identification number 58-1557995 |
|--------------------------|---|--|

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule A (Form 990) 2024

58-1557995 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10341116. | 17820673. | 9327116. | 15135021. | 16687694. | 69311620. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 10341116. | 17820673. | 9327116. | 15135021. | 16687694. | 69311620. |
| 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) | | | | | | 17507666. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 51803954. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 10341116. | 17820673. | 9327116. | 15135021. | 16687694. | 69311620. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 862,042. | 889,484. | 1076163. | 1412930. | 1596912. | 5837531. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 189,572. | 351,279. | 247,897. | 88,613. | 294,190. | 1171551. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 112,107. | 177,903. | 166,578. | 139,553. | 159,504. | 755,645. |
| 11 Total support. Add lines 7 through 10 | | | | | | 77076347. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|---|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 67.21 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 76.83 | % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | | |
| <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | | |
| <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | |
| <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | |
| <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | |
| <input type="checkbox"/> | | | |

Schedule A (Form 990) 2024

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule A (Form 990) 2024

58-1557995 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. 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 - 2023. 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

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule A (Form 990) 2024

58-1557995 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| 1 | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I** of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule A (Form 990) 2024

58-1557995 Page 5

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a *Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

- b *Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a *Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.*
- b *Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.*

| | Yes | No |
|-----------|------------|-----------|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule A (Form 990) 2024

58-1557995 Page 6

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2024

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule A (Form 990) 2024

58-1557995 Page 7

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule A (Form 990) 2024

Part VI

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
InspectionName of the organization COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA Employer identification number
58-1557995**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 214 | 149 |
| 2 Aggregate value of contributions to (during year) | 15,341,854. | 6,108,896. |
| 3 Aggregate value of grants from (during year) | 13,121,994. | 3,784,947. |
| 4 Aggregate value at end of year | 50,342,662. | 18,630,596. |

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 No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (for example, recreation or education) Preservation of a 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 |
|----|---------------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule D (Form 990) (Rev. 12-2024) GEORGIA

58-1557995 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

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

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

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

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

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 19,053,159. | 13,458,726. | 16,330,477. | 14,556,001. | 12,923,997. |
| b Contributions | 58,767. | 5,243,433. | 2,841. | 166,000. | 77,097. |
| c Net investment earnings, gains, and losses | 1,880,078. | 2,296,079. | -2,383,287. | 2,056,482. | 1,893,036. |
| d Grants or scholarships | 566,142. | 1,945,079. | 491,305. | 448,006. | 338,129. |
| e Other expenditures for facilities and programs | 2,546,769. | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 17,879,093. | 19,053,159. | 13,458,726. | 16,330,477. | 14,556,001. |

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

a Board designated or quasi-endowment %
 b Permanent endowment 100 %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | X | |
| 3b | | X |

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

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 0. |

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

Schedule D (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule D (Form 990) (Rev. 12-2024) GEORGIA

58-1557995 Page 3

Part VII Investments - Other Securities

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) EQUITY METHOD LTD | | |
| (B) PARTNERSHIPS | 12,394,560. | END-OF-YEAR MARKET VALUE |
| (C) REAL ESTATE | 156,000. | COST |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 12,550,560. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|--------------------|
| (1) Federal income taxes | |
| (2) AGENCY LIABILITIES | 18,630,599. |
| (3) OPERATING LEASE | 155,606. |
| (4) FINANCE LEASE | 29,611. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 18,815,816. |

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

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule D (Form 990) (Rev. 12-2024) GEORGIA

58-1557995 Page 4

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

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

| | | |
|---|----|-------------|
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 23,878,635. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2a | 3,260,216. |
| b Donated services and use of facilities | 2b | 36,965. |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIII.) | 2d | |
| e Add lines 2a through 2d | 2e | 3,297,181. |
| 3 Subtract line 2e from line 1 | 3 | 20,581,454. |
| 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 | 319,448. |
| b Other (Describe in Part XIII.) | 4b | -237,688. |
| c Add lines 4a and 4b | 4c | 81,760. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 20,663,214. |

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

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

| | | |
|--|----|-------------|
| 1 Total expenses and losses per audited financial statements | 1 | 15,234,175. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | 36,965. |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIII.) | 2d | |
| e Add lines 2a through 2d | 2e | 36,965. |
| 3 Subtract line 2e from line 1 | 3 | 15,197,210. |
| 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 | 319,448. |
| b Other (Describe in Part XIII.) | 4b | -237,688. |
| c Add lines 4a and 4b | 4c | 81,760. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 15,278,970. |

Part XIII Supplemental Information

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

PART V, LINE 4:**HELD AS AGENCY ACCOUNTS FOR VARIOUS LOCAL NOT-FOR-PROFIT INSTITUTIONS, INCLUDING SCHOOLS.****PART X, LINE 2:**

AUDIT NOTE: "GAAP PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND DISCLOSED IN THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION'S MANAGEMENT HAS EVALUATED THE IMPLICATIONS OF THESE STANDARDS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS FOR THE FOUNDATION; THEREFORE, NO TAX EXPENSE OR ACCRUALS FOR UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS."

PART XI, LINE 4B - OTHER ADJUSTMENTS:**LOSS ON SALE OF PROPERTY** **-237,688.****PART XII, LINE 4B - OTHER ADJUSTMENTS:****LOSS ON SALE OF PROPERTY** **-237,688.**

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule D (Form 990) (Rev. 12-2024) **GEORGIA**

58-1557995 Page 5

Part XIII **Supplemental Information** *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA Employer identification number 58-1557995

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of nongovernment grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule G (Form 990) (Rev. 12-2024) GEORGIA

58-1557995 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | (a) Event #1 GALA SILENT AUCTION (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|--|------------------------------|--|--|
| Revenue | | | | |
| 1 Gross receipts | 49,140. | | | 49,140. |
| 2 Less: Contributions | | | | |
| 3 Gross income (line 1 minus line 2) | 49,140. | | | 49,140. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| 9 Other direct expenses | 20,240. | | | 20,240. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 20,240. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 28,900. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|---|---|---|--|
| Revenue | | | | |
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes No

b If "Yes," explain: _____

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule G (Form 990) (Rev. 12-2024) GEORGIA

58-1557995 Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

| | | |
|--------------------------|---|--|
| Name of the organization | COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA | Employer identification number 58-1557995 |
|--------------------------|---|--|

Part I General Information on Grants and Assistance

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|--|
| 12STONE CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 265,170. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| A BEACON OF HOPE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| A PLACE OF HOPE NORTH GA INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ACROSS THE BRIDGE INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 50,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AGAPE YOUTH & FAMILY CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ALBANY STATE UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,121. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **592.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ALEXANDER THARPE FUND C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ALL SOULS ANGLICAN CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AMERICAN CANCER SOCIETY, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AMERICAN COUNCIL OF THE ASIAN CHRISTIAN ACADEMY OF INDIA INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AMERICAN RED CROSS, METRO ATLANTA CHAPTER - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ANNANDALE AT SUWANEE, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ANNANDALE VILLAGE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 37,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ANTIOCH CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,300. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| APPALACHIAN STATE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ATHENS COMMUNITY COUNCIL ON AGING C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ATHLETES FOR A BETTER WORLD INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ATLANTA POLICE FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AUGUSTA UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 18,127. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AURORA THEATRE, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 94,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| AUTOMOTIVE TRAINING CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BE THE MATCH FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BETHLEHEM CHRISTIAN ACADEMY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 35,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BETHLEHEM CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 26,190. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| BLAZESPORTS AMERICA INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BLOOM OUR YOUTH INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BOSTWICK UNITED METHODIST CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BOY WITH A BALL MINISTRIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 27,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BOYS & GIRLS CLUBS OF LANIER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,167. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BRYANT AND STRATTON COLLEGE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| BUCKHEAD CHRISTIAN MINISTRY INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CAMBODIAN BUDDHIST SOCIETY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,400. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CAMDEN MILITARY ACADEMY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CAMP BLUE SKIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 18,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CAMP TWIN LAKES, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CAMPUS CRUSADE FOR CHRIST C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CAMPUS OUTREACH BIRMINGHAM C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,300. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CATHEDRAL OF CHRIST THE KING C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 72,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CATHOLIC CHARITIES USA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CENTER FOR THE VISUALLY IMPAIRED, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CHABAD OF NORTH FULTON INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CHAMBERLAIN UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 19,959. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CHATTAHOOCHEE TECHNICAL COLLEGE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION, INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 32,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CHILDRENS HEALTHCARE OF ATLANTA INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 108,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CHRIS 180, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CITY OF CEDARTOWN C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 400,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CLARKSTON COMMUNITY CENTER FOUNDATION INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CLIFTON SANCTUARY MINISTRIES INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| COMMUNITIES IN SCHOOLS OF ATLANTA INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| COMMUNITY ASSISTANCE CENTER INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| COMMUNITY FOUNDATION OF GREATER BIRMINGHAM - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 21,927. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CORNERS OUTREACH INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 121,525. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| COVENANT HOUSE GEORGIA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 21,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CREATIVE ENTERPRISES, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 18,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CROHN'S & COLITIS FOUNDATION - GEORGIA CHAPTER - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CUMMING-CHRIST CULTURE CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| CURE CHILDHOOD CANCER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,376. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| DAUGHTERS AGAINST ALZHEIMER'S C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| DECATUR COOPERATIVE MINISTRY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| DRESS FOR SUCCESS ATLANTA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| DULUTH FIRST UNITED METHODIST CHURCH - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| DULUTH HIGH SCHOOL SCHOLARSHIP FUND - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| EAGLE RANCH, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 227,860. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| EAST ATLANTA YOUNG LIFE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| EMORY UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 12,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| EXCEPTIONAL FUTURES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 21,650. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| EXTRA SPECIAL PEOPLE INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 70,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| F A I T H IN RABUN COUNTY INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| FAITH IN SERVING HUMANITY, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 45,750. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FAITH MINISTRIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FAITHBRIDGE FOSTER CARE INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FAMILIES 4 FAMILIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 103,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FAMILY HERITAGE FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FAMILY PROMISE OF GWINNETT COUNTY, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 17,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FAMILY PROMISE OF HALL COUNTY INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FBC LOGANVILLE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FCA FORSYTH COUNTY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| FEED MY SHEEP INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FERST READERS, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FILL MINISTRIES INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FIRST BAPTIST CHURCH OF LAWRENCEVILLE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FIRST BAPTIST CUMMING C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FIRST BAPTIST MONROE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FIRST REDEEMER CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 100,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FOUR CORNERS GROUP INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| FREEDOM PATH COUNSELING C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,525. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| FRIENDS OF DISABLED ADULTS & CHILDREN, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 11,600. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GA PIEDMONT TECHNICAL COLLEGE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,334. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GAINESVILLE-HALL COUNTY COMMUNITY COUNCIL ON AGING INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGE WALTON ACADEMY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 475,224. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGE WEST MENTAL HEALTH FOUNDATION, INC. DBA SKYLAND TRAIL - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 27,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA BUDDHIST VIHARA, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,710. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA COUNCIL ON ECONOMIC EDUCATION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA GWINNETT COLLEGE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 9,838. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA GWINNETT COLLEGE FOUNDATION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 394,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| GEORGIA HIGH SCHOOL RODEO ASSOCIATION INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA JUSTICE PROJECT, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA SOUTHERN UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,695. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GEORGIA STATE UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 18,628. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GIBBS MEMORIAL BAPTIST CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GIRL SCOUT OF GREATER ATLANTA, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GLOBAL VILLAGE PROJECT C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GOOD SAMARITAN HEALTH CENTER OF GWINNETT - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 13,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GRAYSTONE CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 27,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| GREAT PROSPECTS INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GREATER ATLANTA CHRISTIAN SCHOOL C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 75,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GSGA FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT CHAMPIONSHIP FOUNDATION INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 70,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT CHILDREN'S SHELTER, INC. HOME OF HOPE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 115,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 21,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT COMMUNITY CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,800. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT COUNTY POLICE FOUNDATION INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT COUNTY PUBLIC LIBRARY FOUNDATION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 50,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|---|--|---|--|
| GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 33,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT HABITAT C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,300. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT MEDICAL CENTER FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 569,583. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT TECH FOUNDATION, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 54,030. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT TECHNICAL COLLEGE-BURSAR'S OFFICE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,377. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| GWINNETT/WALTON HABITAT FOR HUMANITY - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 69,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HALE FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HAMPDEN-SYDNEY COLLEGE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 100,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HANDS OF CHRIST A DULUTH COOPERATIVE MINISTRY, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 34,100. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| HANDS ON ATLANTA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HEBREW BENEVOLENT CONGREGATION THE TEMPLE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,300. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HEBRON CHRISTIAN ACADEMY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HELPING HANDS MINISTRIES INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HELPING MAMAS, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 11,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HI-HOPE SERVICE CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 34,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HIRE HEROES USA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HOME OF HOPE AT GWINNETT CHILDREN'S SHELTER - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 21,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HOME REPAIRS MINISTRIES, INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 34,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| HOMETOWN HEART MINISTRIES INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,756. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HOMETOWN HEROES OF WALTON INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HOPE CLINIC, INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 22,900. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HOPE WORLDWIDE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HUMANE SOCIETY OF HALL COUNTY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| HUMANE SOCIETY OF MORGAN COUNTY INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| I CARE AMERICA INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| IMPACT 46 INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 13,200. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| INFINITE CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| INROADS, INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| INTERLOCKING COMMUNITIES INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ISAIAH HOUSE INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| JAMIE & DARCY MORRIS FOUNDATION INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 400,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| JERUSALEM HOUSE INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| JH OUTBACK ATLANTA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| JOHNS CREEK UNITED METHODIST CHURCH - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 12,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| JOURNEY CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 65,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| JUST RIGHT FOR NOW C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| KATE'S CLUB C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| KENNESAW STATE UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,836. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| KINDRED NATURE FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| KW CARES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| LANIER CHRISTIAN CHURCH, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| LAWRENCEVILLE COOPERATIVE MINISTRY, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 35,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| LETTUM EAT INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 46,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| LOCAL CHURCH FORSYTH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| LOGANVILLE CHRISTIAN ACADEMY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 552,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| MAKE-A-WISH FOUNDATION OF GEORGIA, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MAN IN THE MIRROR, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MARTIN LUTHER KING SR COMMUNITY RESOURCES COLLABORATIVE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MD ANDERSON CANCER CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MERCER UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 52,084. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MERCURY ONE, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MERCY CHEFS C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MONROE FIRST METHODIST CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 66,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MOUNTAIN LAKE CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| MURPHY HARPST CHILDREN'S CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| MUST MINISTRIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NAMI GEORGIA INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NATIONAL PARKINSON FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NC STATE STUDENT AID ASSOCIATION, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 13,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NEIGHBORHOOD COOPERATIVE MINISTRY, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,800. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NEW KING CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NEW LIFE CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 40,214. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NEW STORY INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 100,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NG3 ORGANIZATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NO LONGER BOUND C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NOBIS WORKS INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NORTH ATLANTA CHURCH OF CHRIST C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,800. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NORTH FULTON COMMUNITY CHARITIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 28,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NORTH GWINNETT COOPERATIVE MINISTRY, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NORTH POINT MINISTRIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 13,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NORTHEAST GEORGIA COUNCIL OF BOY SCOUTS OF AMERICA - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NORTHERN TRUST C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 658,135. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| NOTHING BUT THE TRUTH, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 30,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| NUI PHILLIPS MEMORIAL FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| OBRIA MEDICAL CLINICS C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| OBRIA MEDICAL CLINICS - GWINNETT C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 40,800. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| OGLETHORPE UNIVERSITY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| OPERATION HOMEFRONT, INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| P4 FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PARTNERS FOR CARE INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,600. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PARTNERS IN MINISTRY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 28,714. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| PARTNERSHIP AGAINST DOMESTIC VIOLENCE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PASTOR 2 PASTOR (P2P) C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PATH UNITED, INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 173,100. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PAYNE STEWART KIDS GOLF FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PEACHTREE CHRISTIAN CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PEACHTREE CORNERS ARTS, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PEBBLE TOSERS, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PHIT WORLD FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 40,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| PLEASANT HILL PRESBYTERIAN CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 35,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PRESBYTERIAN HOMES OF GEORGIA INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PRINCE AVENUE CHRISTIAN SCHOOL C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 110,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| PRISON FELLOWSHIP MINISTRIES C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| QUALITY CARE FOR CHILDREN, INC. / CHILD CARE SOLUTIONS - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| RAINBOW VILLAGE, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 655,641. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| RC ATLANTA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| REDEEMER CITY CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| RENAISSANCE CHARITABLE FOUNDATION INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 858,169. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| RESTORATION CHURCH OF GEORGIA, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 50,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ROCKY BRANCH ELEMENTARY SCHOOL C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SACRED HEART OF JESUS CATHOLIC CHURCH, HARTWELL, INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,750. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SAINT BRIGID CATHOLIC CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 50,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SAMARITAN'S PURSE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 70,178. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SARA HIGHTOWER REGIONAL LIBRARY SYSTEM - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 100,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SARAS CURE DBA CLEAR CELL SARCOMA FOUNDATION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SCOTT SCHOENTHAL CIRCLE OF LOVE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SCOTTDALE EARLY LEARNING, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| SENIOR SERVICES NORTH FULTON INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SER FAMILIA, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SHEPHERD CENTER, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SHEPHERD SPINAL CENTER FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 255,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SMOKE RISE BAPTIST CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SNELLVILLE COMMUNITY CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 172,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SOUTHEAST GWINNETT COOPERATIVE MINISTRY - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 14,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SOUTHERN METHODIST UNIVERSITY - OFFICE OF RECORDS - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SOUTHERN RECONCILIATION MINISTRIES INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| SOUTHWEST CHRISTIAN HOSPICE AND HOPE HOUSE, INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SPECIAL NEEDS SCHOOLS OF GWINNETT, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 107,525. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SPECTRUM AUTISM SUPPORT GROUP, INC. - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 7,025. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 71,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 26,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| STREET GRACE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 72,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| STREETWISE GEORGIA, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SUNSHINE ON A RANNEY DAY C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| SYNCHRONICITY THEATRE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| TEAM UP MENTORING INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 17,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| TERRY FARRELL FIREFIGHTERS FUND OF GEORGIA INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE ALFRED AND ADELE DAVIS ACADEMY INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 8,300. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE BARN GROUP LAND TRUST, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,025. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE BIRTHRIGHT ISRAEL FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 6,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE DRAKE HOUSE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE EDGE CONNECTION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,500. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE FUTURE PROMISE FOUNDATION INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 400,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE HUGGENS CENTER FOR ART & LEARNING - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 223,896. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| THE KYLE PEASE FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE POSSE FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE ROTARY FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 16,130. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE SALVATION ARMY GWINNETT COUNTY CORPS - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 54,100. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE SALVATION ARMY, AUGUSTA AREA COMMAND - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE SALVATION ARMY, GEORGIA DIVISION - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 26,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE SHELTERING ARMS C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE STAFFORD KNOT, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| THE SUMMIT COUNSELING CENTER INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| THE UNIVERSITY OF ALABAMA C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| TOURETTE INFORMATION CENTER & SUPPORT OF GEORGIA INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| TRANSFORMATIONS BY ATLANTA ANGELS, INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| UNION CHAPEL CHURCH, TREASURER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 16,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| UNITED HEARTS AND MINDS C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 32,714. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| UNIVERSITY OF GEORGIA FOUNDATION C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| VARIETY-THE CHILDRENS CHARITY INTERNATIONAL - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| VETERANS EMPOWERMENT ORGANIZATION OF GEORGIA INC - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| VICTORY BAPTIST CHURCH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 11,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| VIEW POINT HEALTH C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 41,425. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| VISION 938 C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 20,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| VISITING NURSE HEALTH SYSTEM C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 25,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| WESTONWOOD RANCH INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| WILDERNESS WORKS INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 15,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| WILLIAM'S HOUSE, INC C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,025. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| WINGS FOR KIDS C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| WINSHIP CANCER INSTITUTE OF EMORY UNIVERSITY - C/O CFNEG, 6500 SUGARLOAF PKWY., STE. 225 - DULUTH, GA 30102 | | 501(C)(3) | 0. | 11,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| WOODRUFF ARTS CENTER C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 35,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |

Schedule I (Form 990)

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Schedule I (Form 990)

58-1557995

Page 1

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| WOUNDED WARRIOR PROJECT, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 5,100. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| YOUTH ON COURSE C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 75,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| YOUTHSPARK, INC. C/O CFNEG, 6500 SUGARLOAF PKWY., ST DULUTH, GA 30102 | | 501(C)(3) | 0. | 10,000. | | | SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule I (Form 990) (Rev. 12-2024)

58-1557995

Page **2**

Part III

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

ALL GRANTS ARE AWARDED TO U.S. QUALIFIED 501(C)(3) ORGANIZATIONS, ONLY. NO EXPENDITURE RESPONSIBILITY IS REQUIRED OF ANY RECIPIENT ORGANIZATION THAT IS A QUALIFIED 501(C)(3) ORGANIZATION.

SCHEDULE J
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**Name of the organization COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA Employer identification number
58-1557995**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

| | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

a Receive a severance payment or change-of-control payment?

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule J (Form 990) (Rev. 12-2024) **GEORGIA**

58-1557995

Page 2

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule J (Form 990) (Rev. 12-2024) GEORGIA

58-1557995

Page 3

Part III Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA** Employer identification number **58-1557995**

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 | 76 | 3,861,314. | SALE DATE MARKET PRI |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (_____) | | | | |
| 26 Other (_____) | | | | |
| 27 Other (_____) | | | | |
| 28 Other (_____) | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | | | 29 | |

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

Schedule M (Form 990) 2024

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Schedule M (Form 990) 2024

58-1557995

Page 2

Part II

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

SCHEDULE M, PART I, COLUMN (B):

PART I, LINE 9 IS REPORTING THE NUMBER OF CONTRIBUTORS VERSUS THE NUMBER OF SECURITIES CONTRIBUTED.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIAEmployer identification number
58-1557995**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:****THE FOUNDATION HAS THREE PRINCIPAL GOALS:**

- 1) TO BUILD A PERMANENT BASE OF CHARITABLE FUNDS THAT WILL BENEFIT NONPROFIT AGENCIES SERVING THE NORTHEAST GEORGIA REGION;
- 2) TO IDENTIFY ESSENTIAL HUMAN NEEDS AND PROMISING OPPORTUNITIES IN THE COMMUNITY ESPECIALLY AS THEY IMPACT THE LESS FORTUNATE AND TO DEVELOP RESOURCES TO ADDRESS THEM; AND
- 3) TO ACQUAINT DONORS WITH THE IMPORTANCE OF PRIVATE PHILANTHROPY AS IT RELATES TO IMPROVING THE QUALITY OF LIFE OF THE COMMUNITY.

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

THE COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA, INC. WAS FOUNDED TO IMPROVE THE QUALITY OF COMMUNITY LIFE THROUGH INCREASED PHILANTHROPY. THE FOUNDATION IS A PUBLIC CHARITY FORMED TO BENEFIT THE CITIZENS OF NORTHEAST GEORGIA THROUGH THE DEVELOPMENT OF ENDOWMENT FUNDS. THE FOUNDATION RECEIVES CHARITABLE CONTRIBUTIONS THAT ARE THEN INVESTED WITH THE INCOME DISBURSED TO NONPROFIT ORGANIZATIONS SERVING IN THE AREAS OF HEALTH, HUMAN SERVICES, EDUCATION, COMMUNITY SERVICE AND THE ARTS.

FORM 990, PART VI, SECTION A, LINE 2:**BUSINESS RELATIONSHIPS:**

THE BOARD OF DIRECTORS IS COMPOSED OF BUSINESS, GOVERNMENT, AND COMMUNITY LEADERS IN THE LOCAL AREA. DUE TO THE EXTENSIVE INVOLVEMENT OF THESE COMMUNITY LEADERS IN BUSINESS AND OTHER COMMUNITY AFFAIRS, THE DIRECTORS MAY HAVE NORMAL BUSINESS RELATIONSHIPS THAT MIGHT BE EXPECTED OF LEADERS IN A SUBURBAN COMMUNITY. HOWEVER, THESE BUSINESS RELATIONSHIPS SHALL BE CONDUCTED AT ARMS' LENGTH, PURSUANT TO NORMAL BUSINESS TERMS AND THE COMMUNITY FOUNDATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE FORM 990 IS PRESENTED TO THE PRESIDENT & CEO AND THE CFO FOR THEIR APPROVAL BY THE CPA FIRM THAT PREPARED THE RETURN. IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS BY THE PRESIDENT & CEO OR THE CFO, WHICH MAY BE AFTER THE RETURN IS FILED. THE BOARD OF DIRECTORS HAS ACKNOWLEDGED THAT THIS IS THE PREFERRED PROCESS.

FORM 990, PART VI, SECTION B, LINE 12C:

AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF ANY FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES. THE CHAIRPERSON OF THE BOARD MAY APPOINT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. IF THE BOARD OR COMMITTEE HAS A REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE A FINANCIAL INTEREST, IT SHALL INFORM THE PERSON AND TAKE APPROPRIATE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR EMPLOYEES IS DETERMINED AFTER REFERENCING THE "COUNCIL ON FOUNDATIONS" SALARY SURVEY AS WELL AS ONLINE MARKET RESEARCH. THE SALARY FOR EACH KEY EMPLOYEE IS THEN APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA Employer identification number
58-1557995

GOVERNING DOCUMENTS AND INTERNAL POLICIES ARE GIVEN TO EMPLOYEES WHEN THEY ARE HIRED BY THE ORGANIZATION AND ARE AVAILABLE WITHIN THE ORGANIZATION'S OFFICE TO THOSE WHO FALL UNDER THEIR COVENANTS, BUT AS PROPRIETARY INFORMATION OF THE ORGANIZATION, THEY AND THE FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART XII, LINE 2C:

THE PROCESS BY WHICH THE FOUNDATION'S BOARD OF DIRECTORS CHOOSES AN AUDITOR AND INTERNALLY REVIEWS ITS FINANCIALS HAS NOT CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization **COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA** Employer identification number **58-1557995**

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule R (Form 990) (Rev. 1-2025) **GEORGIA**

58-1557995 Page 2

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

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

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule R (Form 990) (Rev. 1-2025) GEORGIA

58-1557995 Page 3

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) THE HUDGENS SUPPORTING FOUNDATION, INC. | C | 1,250,200. | CASH DONATION |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule R (Form 990) (Rev. 1-2025) GEORGIA

58-1557995 Page 4

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

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

Schedule R (Form 990) (Rev. 1-2025)

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2025

Name COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Employer Identification Number
58-1557995

Based on the information provided with this return, the following are possible carryover amounts to next year.

SECTION 1231 LOSS - PASS-THRU UBI FROM K-1 ALTERNATIVE INVESTMENTS 393,754.

Form **990-W**
(Worksheet)**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**(and on Investment Income for Private Foundations) **FORM 990-T**

► Keep for your records. Do not send to the Internal Revenue Service.

2025

| | | | | |
|-----|--|-----|---------|----------|
| 1 | Unrelated business taxable income expected in the tax year | 1 | | |
| 2 | Tax on the amount on line 1 | 2 | | |
| 3 | Alternative minimum tax for trusts | 3 | | |
| 4 | Total. Add lines 2 and 3 | 4 | | |
| 5 | Estimated tax credits | 5 | | |
| 6 | Subtract line 5 from line 4 | 6 | | |
| 7 | Other taxes | 7 | | |
| 8 | Total. Add lines 6 and 7 | 8 | | |
| 9 | Credit for federal tax paid on fuels | 9 | | |
| 10a | Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments | 10a | | |
| b | Enter the tax shown on the 2024 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c | 10b | | |
| c | 2025 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c | 10c | 41,919. | |
| | | (a) | (b) | |
| 11 | Installment due dates | 11 | | 12/15/25 |
| 12 | Installments. Enter 25% of line 10c in columns (a) through (d) | 12 | | 41,919. |
| 13 | 2024 Overpayment | 13 | | 24,419. |
| 14 | Payment due (Subtract line 13 from line 12) | 14 | | 17,500. |

Form **990-W**

| | |
|---------------------|---------|
| ESTIMATED TAX | 41,919. |
| OVERPAYMENT APPLIED | 24,419. |
| AMOUNT DUE | 17,500. |

***** THIS IS NOT A FILEABLE COPY *****

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

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

Go to www.irs.gov/Form8879TE for the latest information.**2024**Name of filer **COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**EIN or SSN
58-1557995Name and title of officer or person subject to tax **DEPRIEST WADDY
PRESIDENT & CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|------------|--|--|
| 1a | Form 990 check here <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _____ |
| 2a | Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) 2b _____ |
| 3a | Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) 3b _____ |
| 4a | Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) 4b _____ |
| 5a | Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) 5b _____ |
| 6a | Form 990-T check here <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) 6b 59,311. |
| 7a | Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) 7b _____ |
| 8a | Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) 8b _____ |
| 9a | Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) 9b _____ |
| 10a | Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only I authorize **MSTILLER LLC**

to enter my PIN

57995

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

******* THIS IS NOT A FILEABLE COPY *******

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67645773524

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MSTILLER LLC**

Date

12/04/25

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

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

Form 8879-TE (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

| | | |
|--|---|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA | Taxpayer identification number (TIN) 58-1557995 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 6500 SUGARLOAF PKWY, 220 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, GA 30097 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name
Plan Number
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DEPRIEST WADDY, PRESIDENT & CEO**
6500 SUGARLOAF PKWY, 220 - DULUTH, GA 30097

Telephone No. **(770) 813-3380** Fax No.

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|--|----|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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

Form **8868** (Rev. 1-2025)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____.

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

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

2024

Open to Public Inspection for
501(c)(3) Organizations Only

| | | |
|--|---|--|
| A <input type="checkbox"/> Check box if address changed. | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA | D Employer identification number 58-1557995 |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 6500 SUGARLOAF PKWY, 220 | E Group exemption number (see instructions) |
| | City or town, state or province, country, and ZIP or foreign postal code DULUTH, GA 30097 | F <input type="checkbox"/> Check box if an amended return. |
| C Book value of all assets at end of year 91,729,727. | | |

| | |
|--|--------------------------|
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | State college/university |
| <input type="checkbox"/> 6417(d)(1)(A) Applicable entity | |

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T)
2K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporationL The books are in care of **DEPRIEST WADDY, PRESIDENT & CEO** Telephone number **(770) 813-3380****Part I Total Unrelated Business Taxable Income**

| | |
|---|--------------------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 283,435. |
| 2 Reserved | 2 |
| 3 Add lines 1 and 2 | 3 283,435. |
| 4 Charitable contributions (see instructions for limitation rules) | 4 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 283,435. |
| 6 Deduction for net operating loss. See instructions | 6 |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 283,435. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 |
| 10 Total deductions. Add lines 8 and 9 | 10 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 282,435. |

Part II Tax Computation

| | |
|--|------------------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 59,311. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 |
| 3 Proxy tax. See instructions | 3 |
| 4a Amount from Form 4255, Part I, line 3, column (q) | 4a |
| b Other tax amounts. See instructions | 4b |
| 5 Alternative minimum tax | 5 |
| 6 Tax on noncompliant facility income. See instructions | 6 |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 59,311. |

Part III Tax and Payments

| | | | | |
|---|----|----|---|---------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | 1e | 2 | 59,311. |
| b Other credits (see instructions) | 1b | | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e Total credits. Add lines 1a through 1d | 1e | | | |
| 2 Subtract line 1e from Part II, line 7 | 2 | | | |
| 3a Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | 3f | 4 | 59,311. |
| b Amount due from Form 8611 | 3b | | | |
| c Amount due from Form 8697 | 3c | | | |
| d Amount due from Form 8866 | 3d | | | |
| e Other amounts due (see instructions) | 3e | | | |
| f Total amounts due. Add lines 3a through 3e | 3f | | | |
| 4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | | |

Part III Tax and Payments (continued)

| | | | |
|-----|--|----|---------|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | 83,730. |
| b | Current year's estimated tax payments. Check if section 643(g) election applies | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | 83,730. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | 24,419. |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax 24,419. Refunded 0. | 11 | |

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

| | | | |
|-----|--|---|----|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | X | |
| 3 | If "Yes," see instructions for other forms the organization may have to file. | | |
| 4 | Enter the amount of tax-exempt interest received or accrued during the tax year | \$ | |
| 5 | Enter available pre-2018 NOL carryovers here \$ | Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | |
| 6 a | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | | | |
|-------------------------------|--|---|-------------------------|---|--------------------------|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Signature of officer | Date | Title | PRESIDENT & CEO | |
| Paid Preparer Use Only | Print/Type preparer's name GREGORY W. HAYES | Preparer's signature GREGORY W. HAYES | Date 12/04/25 | Check <input type="checkbox"/> if self-employed | PTIN P00054246 |
| | Firm's name MSTILLER LLC | | | Firm's EIN | 58-0673524 |
| | 1960 SATELLITE BLVD., SUITE 3600 | | | | |
| | Firm's address DULUTH, GA 30097 | | | Phone no. | (770) 995-8800 |

Form 990-T (2024)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2024

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

| | | |
|--|---|--|
| A Name of the organization GEORGIA | COMMUNITY FOUNDATION FOR NORTHEAST | B Employer identification number 58-1557995 |
| C Unrelated business activity code (see instructions) | 900001 | D Sequence: 1 of 2 |

E Describe the unrelated trade or business **PASS-THRU UBI FROM K-1 ALTERNATIVE INVESTMENT**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|-------------------|---------------------|-----------------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | c Balance | | |
| 2 Cost of goods sold (Part III, line 8) | | | |
| 3 Gross profit. Subtract line 2 from line 1c | | | |
| 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | |
| c Capital loss deduction for trusts | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1 | | | |
| 6 Rent income (Part IV) | | | |
| 7 Unrelated debt-financed income (Part V) | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | |
| 10 Exploited exempt activity income (Part VIII) | | | |
| 11 Advertising income (Part IX) | | | |
| 12 Other income (see instructions; attach statement) | | | |
| 13 Total. Combine lines 3 through 12 | 293,672. | | 293,672. |

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | |
|--|--|-----------|-----------------|
| 1 Compensation of officers, directors, and trustees (Part X) | | 1 | |
| 2 Salaries and wages | | 2 | |
| 3 Repairs and maintenance | | 3 | |
| 4 Bad debts | | 4 | |
| 5 Interest (attach statement). See instructions | | 5 | |
| 6 Taxes and licenses | | 6 | |
| 7 Depreciation (attach Form 4562). See instructions | | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | | 8a | |
| 9 Depletion | | 9 | |
| 10 Contributions to deferred compensation plans | | 10 | |
| 11 Employee benefit programs | | 11 | |
| 12 Excess exempt expenses (Part VIII) | | 12 | |
| 13 Excess readership costs (Part IX) | | 13 | |
| 14 Other deductions (attach statement) | | 14 | 10,755. |
| 15 Total deductions. Add lines 1 through 14 | | 15 | 10,755. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | 282,917. |
| 17 Deduction for net operating loss. See instructions | | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | 18 | 282,917. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| Deductions directly connected with the income | | | | |
| 4 in lines 2a and 2b (attach statement) | | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|--|----|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, and Rents From Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | |
| | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|---|
| 1 Description of exploited activity: _____ | 2 |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 3 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 4 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 5 |
| 5 Gross income from activity that is not unrelated business income | 6 |
| 6 Expenses attributable to income entered on line 5 | 7 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | |

| | | |
|----------------|---------------------------------|-------------|
| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|----------------|---------------------------------|-------------|

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|-------------------------|
| PASS-THRU UBI - NET RENTAL REAL ESTATE INCOME | 293,672. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | 293,672. |

| | | |
|----------------|------------------|-------------|
| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 2 |
|----------------|------------------|-------------|

| DESCRIPTION | AMOUNT |
|---------------------------------------|---------|
| PRIOR YEAR STATE UBI TAX | 10,755. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 10,755. |

| | | |
|--------------------------|--|-------------|
| FORM 990-T SCHEDULE A | DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY | STATEMENT 3 |
|--------------------------|--|-------------|

PASS-THRU UBI FROM K-1 ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

Unrelated Business Taxable Income
From an Unrelated Trade or Business

2024

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only

| | | |
|---|------------------------------------|---|
| A Name of the organization GEORGIA | COMMUNITY FOUNDATION FOR NORTHEAST | B Employer identification number 58-1557995 |
| C Unrelated business activity code (see instructions) | 900001 | D Sequence: 2 of 2 |

E Describe the unrelated trade or business **PASS-THRU UBI FROM K-1 ALTERNATIVE INVESTMENT**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|--|-------------|--------------|-------------|
| 1a | Gross receipts or sales | | | |
| b | Less returns and allowances | c Balance | | |
| 2 | Cost of goods sold (Part III, line 8) | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | | |
| c | Capital loss deduction for trusts | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4 | | | |
| 6 | Rent income (Part IV) | | | |
| 7 | Unrelated debt-financed income (Part V) | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | | |
| 10 | Exploited exempt activity income (Part VIII) | | | |
| 11 | Advertising income (Part IX) | | | |
| 12 | Other income (see instructions; attach statement) | | | |
| 13 | Total. Combine lines 3 through 12 | 518. | | 518. |

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | | |
|----|--|----|----|------|
| 1 | Compensation of officers, directors, and trustees (Part X) | | 1 | |
| 2 | Salaries and wages | | 2 | |
| 3 | Repairs and maintenance | | 3 | |
| 4 | Bad debts | | 4 | |
| 5 | Interest (attach statement). See instructions | | 5 | |
| 6 | Taxes and licenses | | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b |
| 9 | Depletion | | 9 | |
| 10 | Contributions to deferred compensation plans | | 10 | |
| 11 | Employee benefit programs | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | 12 | |
| 13 | Excess readership costs (Part IX) | | 13 | |
| 14 | Other deductions (attach statement) | | 14 | |
| 15 | Total deductions. Add lines 1 through 14 | | 15 | 0. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | 518. |
| 17 | Deduction for net operating loss. See instructions | | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | 18 | 518. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|-----|---|---|---|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0 . | | | |
| Deductions directly connected with the income | | | | |
| 4 in lines 2a and 2b (attach statement) | | | | |
| 5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0 . | | | |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|--|-----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0 . | | | |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0 . | | | |
| 11 Total dividends-received deductions included in line 10 | 0 . | | | |

Part VI Interest, Annuities, and Rents From Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|---|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |
| Totals | | | | 0. | 0. |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|--|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|---|
| 1 Description of exploited activity: _____ | 2 |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 3 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 4 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 5 |
| 5 Gross income from activity that is not unrelated business income | 6 |
| 6 Expenses attributable to income entered on line 5 | 7 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A _____
 B _____
 C _____
 D _____

Enter amounts for each periodical listed above in the corresponding column.

| A | B | C | D |
|---|---|---|---|
|---|---|---|---|

2 Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0.

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------------|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. | | | 0. |

Part XI Supplemental Information (see instructions)

| | | |
|----------------|---------------------------------|-------------|
| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 4 |
|----------------|---------------------------------|-------------|

| DESCRIPTION | NET INCOME OR (LOSS) |
|---|-------------------------|
| PASS-THRU UBI - ORDINARY BUSINESS INCOME (LOSS) | 518. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | 518. |

| | | |
|--------------------------|--|-------------|
| FORM 990-T SCHEDULE A | DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY | STATEMENT 5 |
|--------------------------|--|-------------|

PASS-THRU UBI FROM K-1 ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

Name **COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**Employer identification number
58-1557995

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

| | | |
|--|----|----------------|
| 1 Total tax (see instructions) | 1 | 59,311. |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method | 2b | |
| c Credit for federal tax paid on fuels (see instructions) | 2c | |
| d Total. Add lines 2a through 2c | 2d | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | 59,311. |
| 4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4 | 10,755. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 10,755. |

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.
 7 The corporation is using the annualized income installment method.
 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) |
|---|-----|----------|----------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 04/15/24 | 06/15/24 | 09/15/24 |
| 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column | 10 | | | 12/15/24 |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 11 | 83,730. | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | 83,730. | 83,730. | 83,730. |
| 13 Add lines 11 and 12 | 13 | 83,730. | 83,730. | 83,730. |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | | |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 83,730. | 83,730. | 83,730. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | | |
| 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 | | | |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | 83,730. | 83,730. | 83,730. |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2024)

Part IV Figuring the Penalty

| | (a) | (b) | (c) | (d) |
|---|-------|-----|-------|-----|
| 19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions | 19 | | | |
| 20 Number of days from due date of installment on line 9 to the date shown on line 19 | 20 | | | |
| 21 Number of days on line 20 after 4/15/2024 and before 7/1/2024 | 21 | | | |
| 22 Underpayment on line 17 x <u>Number of days on line 21 x 8% (0.08)</u> 366 | 22 \$ | \$ | \$ | \$ |
| 23 Number of days on line 20 after 6/30/2024 and before 10/1/2024 | 23 | | | |
| 24 Underpayment on line 17 x <u>Number of days on line 23 x 8% (0.08)</u> 366 | 24 \$ | \$ | \$ | \$ |
| 25 Number of days on line 20 after 9/30/2024 and before 1/1/2025 | 25 | | | |
| 26 Underpayment on line 17 x <u>Number of days on line 25 x 8% (0.08)</u> 366 | 26 \$ | \$ | \$ | \$ |
| 27 Number of days on line 20 after 12/31/2024 and before 4/1/2025 | 27 | | | |
| 28 Underpayment on line 17 x <u>Number of days on line 27 x 7% (0.07)</u> 365 | 28 \$ | \$ | \$ | \$ |
| 29 Number of days on line 20 after 3/31/2025 and before 7/1/2025 | 29 | | | |
| 30 Underpayment on line 17 x <u>Number of days on line 29 x %</u> 365 | 30 \$ | \$ | \$ | \$ |
| 31 Number of days on line 20 after 6/30/2025 and before 10/1/2025 | 31 | | | |
| 32 Underpayment on line 17 x <u>Number of days on line 31 x %</u> 365 | 32 \$ | \$ | \$ | \$ |
| 33 Number of days on line 20 after 9/30/2025 and before 1/1/2026 | 33 | | | |
| 34 Underpayment on line 17 x <u>Number of days on line 33 x %</u> 365 | 34 \$ | \$ | \$ | \$ |
| 35 Number of days on line 20 after 12/31/2025 and before 3/16/2026 | 35 | | | |
| 36 Underpayment on line 17 x <u>Number of days on line 35 x %</u> 365 | 36 \$ | \$ | \$ | \$ |
| 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | \$ | \$ | \$ |
| 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns | | | 38 \$ | 0. |

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%.

See instructions.

| | (a) | (b) | (c) | (d) |
|--|----------------|----------------|----------------|-----------------|
| 1 Enter taxable income for the following periods. | First 3 months | First 5 months | First 8 months | First 11 months |
| a Tax year beginning in 2021 | 1a | | | |
| b Tax year beginning in 2022 | 1b | | | |
| c Tax year beginning in 2023 | 1c | | | |
| 2 Enter taxable income for each period for the tax year beginning in 2024. See the instructions for the treatment of extraordinary items | 2 | | | |
| 3 Enter taxable income for the following periods. | First 4 months | First 6 months | First 9 months | Entire year |
| a Tax year beginning in 2021 | 3a | | | |
| b Tax year beginning in 2022 | 3b | | | |
| c Tax year beginning in 2023 | 3c | | | |
| 4 Divide the amount in each column on line 1a by the amount in column (d) on line 3a | 4 | | | |
| 5 Divide the amount in each column on line 1b by the amount in column (d) on line 3b | 5 | | | |
| 6 Divide the amount in each column on line 1c by the amount in column (d) on line 3c | 6 | | | |
| 7 Add lines 4 through 6 | 7 | | | |
| 8 Divide line 7 by 3.0 | 8 | | | |
| 9a Divide line 2 by line 8 | 9a | | | |
| b Extraordinary items (see instructions) | 9b | | | |
| c Add lines 9a and 9b | 9c | | | |
| 10 Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 1, or comparable line of corp's return | 10 | | | |
| 11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a | 11a | | | |
| b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b | 11b | | | |
| c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c | 11c | | | |
| 12 Add lines 11a through 11c | 12 | | | |
| 13 Divide line 12 by 3.0 | 13 | | | |
| 14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d) | 14 | | | |
| 15 Enter any alternative minimum tax for each payment period. See instructions | 15 | | | |
| 16 Enter any other taxes for each payment period. See instr. | 16 | | | |
| 17 Add lines 14 through 16 | 17 | | | |
| 18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions | 18 | | | |
| 19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0- | 19 | | | |

Part II **** Annualized Income Installment Method**

| | (a) First <u>2</u> months | (b) First <u>3</u> months | (c) First <u>6</u> months | (d) First <u>9</u> months | |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------|
| | | | | | |
| 20 Annualization periods (see instructions) | 20 | | | | |
| 21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items | 21 | | | | |
| 22 Annualization amounts (see instructions) | 22 | 6.000000 | 4.000000 | 2.000000 | 1.333330 |
| 23a Annualized taxable income. Multiply line 21 by line 22 | 23a | | | | |
| b Extraordinary items (see instructions) | 23b | | | | |
| c Add lines 23a and 23b | 23c | | | | |
| 24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return | 24 | | | | |
| 25 Enter any alternative minimum tax for each payment period. See instructions | 25 | | | | |
| 26 Enter any other taxes for each payment period. See instr. | 26 | | | | |
| 27 Total tax. Add lines 24 through 26 | 27 | | | | |
| 28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions | 28 | | | | |
| 29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- | 29 | | | | |
| 30 Applicable percentage | 30 | 25% | 50% | 75% | 100% |
| 31 Multiply line 29 by line 30 | 31 | | | | |

Part III **Required Installments**

| | 1st installment | 2nd installment | 3rd installment | 4th installment | |
|---|--------------------|--------------------|--------------------|--------------------|---------|
| | | | | | |
| 32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31 | 32 | 0. | 0. | 0. | 0. |
| 33 Add the amounts in all preceding columns of line 38. See instructions | 33 | | | | |
| 34 Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- | 34 | | | | |
| 35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter | 35 | 2,689. | 2,689. | 2,688. | 2,689. |
| 36 Subtract line 38 of the preceding column from line 37 of the preceding column | 36 | | 2,689. | 5,378. | 8,066. |
| 37 Add lines 35 and 36 | 37 | 2,689. | 5,378. | 8,066. | 10,755. |
| 38 Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions | 38 | 0. | 0. | 0. | 0. |

Form 2220 (2024)

**** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

2024

Name of corporation

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Employer identification number (EIN)

58-1557995

A Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).

B Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|--|-----------------------------------|------------------------------------|-----------------------------------|
| 1 Net income or loss per applicable financial statement(s) (AFS) (see inst): | | | |
| a Consolidated net income or loss per the AFS of the corporation | | | |
| b Include AFS net income or loss of other includible entities (add net income and subtract net loss) | | | |
| c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | | | |
| d Adjustment for certain consolidating entries (see instructions) | | | |
| e Specified additional net income or loss item B. Reserved for future use | | | |
| f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d | | | |
| 2 Adjustments (see instructions): | | | |
| a Financial statements covering different tax years | | | |
| b Corporations that are not included on the taxpayer's consolidated return | | | |
| c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG) | | | |
| d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) | | | |
| e Certain taxes | | | |
| f Patronage dividends and per-unit retain allocations (cooperatives only) | | | |
| g Alaska native corporations | | | |
| h Certain credits | | | |
| i Mortgage servicing income | | | |
| j Tax-exempt entities (organizations subject to tax under section 511) | | | |
| k Depreciation | | | |
| l Qualified wireless spectrum | | | |
| m Covered transactions | | | |
| n Adjustments related to bankruptcy and insolvency | | | |
| o Certain insurance company adjustments | | | |
| p Adjustment P - Reserved for future use | | | |
| q Adjustment Q - Reserved for future use | | | |
| r Adjustment R - Reserved for future use | | | |
| s Adjustment S - Reserved for future use | | | |
| z Other | | | |
| 3 Specified adjustment. Reserved for future use | | | |
| 4 Total adjustments. Combine lines 2a through 2z | | | |
| 5 AFSI. Combine lines 1f and 4 | | | |
| 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 | | 6 | |
| 7 3-year average annual AFSI (see instructions) | | 7 | |

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.) *(continued)*

8 Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.

9 Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

| | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|------------|--------------------------------------|---------------------------------------|--------------------------------------|
| 10a | | | |
| 10b | | | |
| 10c | | | |
| 11a | | | |
| 11b | | | |
| 11c | | | |
| 11d | | | |
| 12 | | | |
| 13 | | | |

10 AFSI for purposes of the \$100 million test before adjustments:
a AFSI from line 5

b Aggregation differences (see instructions)

c Total AFSI for purposes of the \$100 million test before adjustments.
 Combine lines 10a and 10b

11 Adjustments:
a Income not effectively connected to a U.S. trade or business

b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)

c Reserved for future use - Other adjustments 1

d Reserved for future use - Other adjustments 2

12 Total adjustments. Combine lines 11a and 11b

13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12

14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13

15 3-year average annual AFSI for purposes of the \$100 million test

16 Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Form **4626** (2024)

Part II Corporate Alternative Minimum Tax (CAMT)

| | |
|---|--------------------|
| 1 Net income or loss per AFS (see instructions): | |
| a Consolidated net income or loss per the AFS of the corporation | 1a 282,435. |
| b Include AFS net income or loss of other includable entities (add net income and subtract net loss) | 1b |
| c Exclude AFS net income or loss of excludable entities (add net loss and subtract net income) | 1c |
| d Adjustment for certain consolidating entries (see instructions) | 1d |
| e Specified additional net income or loss item D. Reserved for future use | 1e |
| f AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f 282,435. |
| 2 Adjustments (see instructions): | |
| a Financial statements covering different tax years | 2a |
| b Reserved for future use - Adjustment 2b | 2b |
| c Corporations that are not included on the taxpayers - consolidated return (see instructions) | 2c |
| d The corporation's distributive share of adjusted financial statement income of partnerships | 2d |
| e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 | 2e |
| f Amounts that are not effectively connected to a U.S. trade or business | 2f |
| g Certain taxes. Enter the amount from Part III, line 7 | 2g |
| h Patronage dividends and per-unit retain allocations (cooperatives only) | 2h |
| i Alaska native corporations | 2i |
| j Certain credits | 2j |
| k Mortgage servicing income | 2k |
| l Covered benefit plans described in section 56A(c)(11)(B) | 2l |
| m Tax-exempt entities (organizations subject to tax under section 511) | 2m |
| n Depreciation | 2n |
| o Qualified wireless spectrum | 2o |
| p Covered transactions | 2p |
| q Adjustments related to bankruptcy and insolvency | 2q |
| r Certain insurance company adjustments | 2r |
| s AFSI adjustment S - Reserved for future use | 2s |
| t AFSI adjustment T - Reserved for future use | 2t |
| u AFSI adjustment U - Reserved for future use | 2u |
| z Other | 2z |
| 3 Total adjustments. Combine lines 2a through 2z | 3 282,435. |
| 4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | 4 282,435. |
| 5 Financial statement net operating loss (FSNOL) (see instructions) | 5 |
| 6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | 6 282,435. |
| 7 Multiply line 6 by 15% (0.15) | 7 42,365. |
| 8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | 8 |
| 9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- | 9 42,365. |
| 10 Regular tax liability (see instructions) | 10 59,311. |
| 11 Base erosion minimum tax (see instructions) | 11 0. |
| 12 Combine lines 10 and 11 | 12 59,311. |
| 13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 0. |

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

| | |
|---|--------------|
| 1 Current income tax provision - Foreign | 1 |
| 2 Current income tax provision - Federal | 2 |
| 3 Deferred income tax provision - Foreign | 3 |
| 4 Deferred income tax provision - Federal | 4 |
| 5 Income taxes included in equity method investment income | 5 |
| 6a Adjustment A - Reserved for future use | 6a |
| b Adjustment B - Reserved for future use | 6b |
| c Adjustment C - Reserved for future use | 6c |
| d Adjustment D - Reserved for future use | 6d |
| e Adjustment E - Reserved for future use | 6e |
| f Adjustment F - Reserved for future use | 6f |
| g Adjustment G - Reserved for future use | 6g |
| h Adjustment H - Reserved for future use | 6h |
| z Income taxes in other places | 6z |
| 7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 101 |

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit**Section I - CAMT Foreign Tax Credit**

| | | | |
|---|----|-----|--|
| 1 Domestic corporation CAMT foreign income taxes: | | | |
| a Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) | 1a | | |
| b Adjustment | 1b | | |
| c Adjustment | 1c | | |
| d Adjustment | 1d | | |
| e Adjustment | 1e | | |
| f Adjustment | 1f | | |
| g Adjustment | 1g | | |
| 2 Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g..... | | 2 | |
| 3 Allowable CFC CAMT foreign income taxes: | | | |
| a Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) | 3a | | |
| b Other | 3b | | |
| c Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3c | | |
| d Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c | | 3d | |
| e Percentage specified in section 55(b)(2)(A)(i) | 3e | 15% | |
| f Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) | 3f | | |
| g CFC CAMT FTC limitation (multiply line 3e by line 3f) | 3g | | |
| h Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) | 3h | | |
| 4 CAMT FTC Line 4 - Reserved for future use | 4 | | |
| 5 CAMT FTC Line 5 - Reserved for future use | 5 | | |
| 6 Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8..... | 6 | | |

Form 4626 (2024)

TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

DePriest Waddy, President & CEO
Community Foundation of Northeast Georgia
6500 Sugarloaf Pkwy 220
Duluth, GA 30097

Prepared By:

MSTiller LLC
1960 Satellite Blvd., Suite 3600
Duluth, GA 30097

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

| | | |
|------------------------------|----|--------|
| Total tax | \$ | 15,277 |
| Less: payments and credits | \$ | 9,833 |
| Plus: other amount | \$ | 0 |
| Plus: interest and penalties | \$ | 0 |
| Balance due | \$ | 5,444 |

Overpayment:

| | | |
|--------------------------------|----|---|
| Credited to your estimated tax | \$ | 0 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable To:

Georgia Department of Revenue

Mail Tax Return and Check (if applicable) To:

Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

Include PV CORP with your return.

2025 ESTIMATED TAX FILING INSTRUCTIONS

GEORGIA ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2025

Prepared For:

DePriest Waddy, President & CEO
Community Foundation of Northeast Georgia
6500 Sugarloaf Pkwy 220
Duluth, GA 30097

Prepared By:

MSTiller LLC
1960 Satellite Blvd., Suite 3600
Duluth, GA 30097

Amount of Tax:

| | | |
|---|----|-------|
| Total Estimated Tax | \$ | 7,500 |
| Less credit from prior year | \$ | 0 |
| Less amount already paid on 2025 Estimate | \$ | 0 |
| Balance Due | \$ | 7,500 |

Payable in full or in installments as follows:

| Voucher | Amount | Due Date |
|---------|----------|--------------------|
| No 1 | \$ 0 | April 15, 2025 |
| No 2 | \$ 0 | June 16, 2025 |
| No 3 | \$ 0 | September 15, 2025 |
| No 4 | \$ 7,500 | December 15, 2025 |

Make Check Payable To:

Georgia Department of Revenue

Mail Voucher and Check To:

Processing Center
Georgia Department of Revenue
P.O. Box 105136
Atlanta, GA 30348-5136

Special Instructions:

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.

CORPORATION AND PARTNERSHIP ESTIMATED TAX

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Make check or money order payable to: Georgia Department of Revenue. Mail payment to:

Processing Center
Georgia Department of Revenue
PO Box 105136
Atlanta, Georgia 30348-5136

Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the IT-611 Booklet for more information.

This form should also be used by a partnership or a Subchapter "S" Corporation that makes or is planning to make the irrevocable election to pay tax at the entity level.

Use a payment voucher with a valid scanline.

CORPORATION AND PARTNERSHIP ESTIMATED TAX WORKSHEET

| | |
|--|---|
| 1. Amount of taxable income expected during the current year | \$ 283,435. |
| 2. Estimated Tax (use applicable tax rate) | \$ 7,500. |
| 3. Less Credits | \$ _____ |
| 4. Less Credit for 2024 overpayment if credit was elected on Form 600, 600S or 700 | \$ _____ |
| 5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero) | \$ 7,500. |
| 6. Computation of installment: (check box below and enter amount.) | \$ _____ |
| If first payment is <input type="checkbox"/> April 15, 2025, enter 1/4 of Line 5 | <input type="checkbox"/> Sept. 15, 2025, enter 1/2 of Line 5 |
| due to be filed on <input type="checkbox"/> June 15, 2025, enter 1/3 of Line 5 | <input checked="" type="checkbox"/> Dec. 15, 2025, enter amount of Line 5 |
| If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday. | |
| Amount Due | \$ 7500. |

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. If your entity must pay estimated tax in the corporate manner, see the Estimated Income Tax page in the IT-611 Tax Booklet.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

445242 09-13-24

----- Cut on dotted line -----

VOUCHER 1

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax



2560215014

BUSINESS NAME AND ADDRESS
COMMUNITY FOUNDAT
GEORGIA

2025

Fiscal Year

| Ending | TYPE OF RETURN: | <input checked="" type="checkbox"/> 03-Corporate | <input type="checkbox"/> 35-Partnership | <input type="checkbox"/> Name Change | <input type="checkbox"/> Address Change | <input type="checkbox"/> Tax Year Change |
|---------------------------------|-------------------------|--|---|--------------------------------------|---|--|
| FEI Number 58-1557995 | Tax Year 2025 | Year Ending 12-31-2025 | Due Date 04-15-2025 | Payment # 1 | Vendor Code 150 | |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

| | |
|-----------|-------|
| Signature | Title |
| Telephone | Date |

Amount Paid \$

60258155799500612312504152512220300015000000000004

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

445242 09-13-24

----- Cut on dotted line -----

VOUCHER 2

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax



2560215014

BUSINESS NAME AND ADDRESS
COMMUNITY FOUNDAT
GEORGIA
6500 SUGARLOAF PK
DULUTH GA 30097

2025

Fiscal Year

Ending

TYPE OF RETURN: 03-Corporate 35-Partnership Name Change Address Change Tax Year Change

| FEI Number | Tax Year | Year Ending | Due Date | Payment # | Vendor Code |
|------------|----------|-------------|------------|-----------|-------------|
| 58-1557995 | 2025 | 12-31-2025 | 06-15-2025 | 2 | 150 |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature

Title

Telephone

Date

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Amount Paid \$

6025815579950061231250615252220300015000000000000

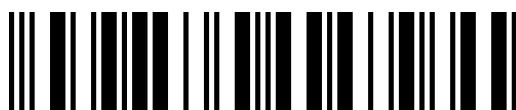
**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

445242 09-13-24

----- Cut on dotted line -----

VOUCHER 3

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax



2560215014

BUSINESS NAME AND ADDRESS
COMMUNITY FOUNDAT
GEORGIA

6500 SUGARLOAF PK
DULUTH GA 30097

2025
Fiscal Year

Ending **TYPE OF RETURN:** 03-Corporate 35-Partnership Name Change Address Change Tax Year Change

| FEI Number | Tax Year | Year Ending | Due Date | Payment # | Vendor Code |
|------------|----------|-------------|------------|-----------|-------------|
| 58-1557995 | 2025 | 12-31-2025 | 09-15-2025 | 3 | 150 |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature

Title

Telephone

Date

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Amount Paid \$

602581557995006123125091525322203000150000000000006

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

445242 09-13-24

----- Cut on dotted line -----

VOUCHER 4

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax



2560215014

BUSINESS NAME AND ADDRESS
COMMUNITY FOUNDAT
GEORGIA
6500 SUGARLOAF PK
DULUTH GA 30097

2025

Fiscal Year

Ending

TYPE OF RETURN: 03-Corporate 35-Partnership Name Change Address Change Tax Year Change

| FEI Number | Tax Year | Year Ending | Due Date | Payment # | Vendor Code |
|------------|----------|-------------|------------|-----------|-------------|
| 58-1557995 | 2025 | 12-31-2025 | 12-15-2025 | 4 | 150 |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Signature

Title

Telephone

Date

Amount Paid \$ 7500.00

60258155799500612312512152542220300015000007500000

Dos and Don'ts Checklist for the Corporate/Partnership (PV- Corp) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) gtc.dor.ga.gov/.

Do:

- Use a payment voucher with a valid scanline.
- Complete this voucher if you owe taxes.
- Complete the voucher in its entirety.
- Remember **payments \$10,000 or more must be made electronically.**
- Remember if the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- Write your Federal Employer Identification Number (FEIN) on your check or money order.
- Make your check or money order payable to: Georgia Department of Revenue
- Mail your voucher and payment to the address on the voucher if your return was **filed electronically.**
- Mail your return, payment voucher and payment to the address that appears on the return if filing a **paper return.**

Do not:

- Mail this entire page.
- Staple payment and voucher together.
- Print on both sides of the paper.
- Handwrite any information

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

445711 08-26-24

----- Cut along dotted line -----

PV CORP (Rev. 08/13/24)
Corporate and Partnership
Payment Voucher
2024



2503015014

MAIL TO:
Processing Center
Georgia Department of Revenue
PO Box 740317
Atlanta, GA 30374-0317

| | | | |
|---|---|--|-------------------------------|
| <input checked="" type="checkbox"/> Paper Return | <input type="checkbox"/> Electronically Filed | TYPE OF RETURN: <input checked="" type="checkbox"/> 03-Corporate <input type="checkbox"/> 35-Partnership | |
| FEI Number 58-1557995 | Income Tax Year 2024 | Beginning Date 01/01/24 | Ending Date 12/31/24 |
| Name (Type or print plainly the exact Company Name) COMMUNITY FOUNDATION FOR NORTHEAST | | E-mail Address | |
| Business Address 6500 SUGARLOAF PKWY, NO. 220 | | City DULUTH | State GA ZIP Code 30097 |
| Title PRESIDENT & CEO | | Telephone (770) 813-3380 | Signature |

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid \$ 5444.00

0305815579950061231241200300000000015000005444000



Mailing Address:
 Georgia Department of Revenue
 Processing Center
 PO Box 740397
 Atlanta, Georgia 30374-0397

Page 1

Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

| | | | | |
|--|----------|-------------------|------------|------------|
| For the taxable year beginning | | 01/01/2024 | and ending | 12/31/2024 |
| Name of Organization | | Name of Fiduciary | | |
| COMMUNITY FOUNDATION FOR GEORGIA | | | | |
| Number and Street | | Number and Street | | |
| 6500 SUGARLOAF PKWY, NO. | | | | |
| City or Town | | City or Town | | |
| DULUTH | | | | |
| State | ZIP Code | State | ZIP Code | |
| GA | 30097 | | | |
| Georgia Unrelated Business Taxable Income | | | | |
| SCHEDULE 1 | | | | |
| 1. Unrelated business taxable income from Federal Form 990-T (attach copy) | | | | |
| 1. 283435 | | | | |
| 2. | | | | |
| 2. | | | | |
| 3. Total (add Line 1 and Line 2) | | | | |
| 3. 283435 | | | | |
| 4. Subtractions | | | | |
| 4. | | | | |
| 5. Adjusted unrelated business taxable income (Line 3 less Line 4) | | | | |
| 5. 283435 | | | | |
| 6. Income allocated everywhere | | | | |
| 6. | | | | |
| 7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) | | | | |
| 7. 283435 | | | | |
| 8. Apportionment ratio (Attach Computation Schedule) | | | | |
| 8. 1.000000 | | | | |
| 9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) | | | | |
| 9. 283435 | | | | |
| 10. Income allocated to Georgia (Attach Schedule) | | | | |
| 10. | | | | |
| 11. Total of Lines 9 and 10 | | | | |
| 11. 283435 | | | | |
| 12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) | | | | |
| 12. | | | | |
| 13. Georgia unrelated business taxable income (Line 11 less Line 12) | | | | |
| 13. 283435 | | | | |

Name GEORGIAFEIN 58-1557995

| COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX | | SCHEDULE 2 |
|---|-------------------|-------------------|
| 1. Line 13, Schedule 1 multiplied by 5.39% | 1. | 15277 |
| 2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2 | 2. | |
| 3. Less: Payments | 3. | 9833 |
| 4. Withholding Credits (G2-A, G2-LP and/or G2-RP) | 4. | |
| 5. Schedule 3B Refundable tax credits | 5. | |
| 6. Balance of tax due OR overpayment | 6. | 5444 |
| 7. Interest due (See Instructions) | 7. | |
| 8. Underestimated tax penalty | 8. | |
| 9. Other penalties due (See Instructions) | 9. | |
| 10. Balance of tax, interest and penalties due with return | 10. | 5444 |
| 11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____ | | |
| Estimated Tax ► | Refunded ► | |

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.

DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

DEPRIEST WADDY

Signature of Officer

GREGORY W. HAYES

Signature of Individual or Firm Preparing Return

PRESIDENT & CEO
Title12/04/25
DateP00054246
Employee ID or Social Security Number



2501615036

Name GEORGIA

FEIN 58-1557995

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

1. Complete a separate schedule for each Credit Code.
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply. Exempt organizations are only eligible for tax credits to the extent they apply to unrelated trade or business income from Georgia sources (note not all credits apply to 600T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

| | |
|---|--------------------------------|
| 1. Credit Code | |
| 2. Credit remaining from previous years | |
| 3. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 4. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 5. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 6. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 7. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 8. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 9. Company Name | ID Number |
| Credit Certificate # | Credit Generated this tax year |
| 10. Total available credit for this tax year (sum of Lines 2 through 9) | 10. |
| 11. Credit Used this tax year (enter here and on Line 2, Schedule 2) | 11. |
| 12. Potential carryover to next tax year (Line 10 less Line 11) | 12. |