

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://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**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**6500 SUGARLOAF PKWY 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****D** Employer identification number**58-1557995****E** Telephone number  
**(770) 813-3380****G** Gross receipts \$ **39,283,696.****H(a)** Is this a group returnfor subordinates? ..... Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527**J** Website: **WWW.CFNEG.ORG****K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: **1985** **M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities:	<b>SEE SCHEDULE O</b>	
	<b>2</b>	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>49</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>49</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>49</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>282,435.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>15,135,021.</b>	<b>16,687,694.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,722,630.</b>	<b>3,812,506.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>139,553.</b>	<b>163,014.</b>
	<b>12</b>		<b>16,997,204.</b>	<b>20,663,214.</b>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>12,307,114.</b>	<b>13,473,513.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>658,969.</b>	<b>661,256.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>395,613.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>917,107.</b>	<b>1,144,201.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,883,190.</b>	<b>15,278,970.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>3,114,014.</b>	<b>5,384,244.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>79,004,678.</b>	<b>91,729,727.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>14,897,301.</b>	<b>18,977,890.</b>
<b>22</b>		<b>64,107,377.</b>	<b>72,751,837.</b>	

**Part II Signature Block**

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

Sign Here	Signature of officer		Date		
	<b>DEPRIEST WADDY, PRESIDENT &amp; CEO</b>				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>GREGORY W. HAYES</b>	<b>GREGORY W. HAYES</b>	<b>12/04/25</b>	<input type="checkbox"/>	<b>P00054246</b>
	Firm's name	Firm's EIN			
	<b>MSTILLER LLC</b>	<b>58-0673524</b>			
	Firm's address	Phone no.			
	<b>1960 SATELLITE BLVD., SUITE 3600</b>	<b>(770) 995-8800</b>			
	<b>DULUTH, GA 30097</b>				

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

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**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.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> 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>		<b>X</b>
<b>6</b> 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>	<b>X</b>	
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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>X</b>
<b>b</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>	<b>X</b>	
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	<b>3</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

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

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

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**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 ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 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.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 49		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>	
<b>3</b> 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?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> 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	<b>9</b>		<b>X</b>

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

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

**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.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ 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

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**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."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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	Former			
(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.

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**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	Former			
(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.
<b>1b Subtotal</b> .....								369,731.	0.	37,789.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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**

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**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	Former			
(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 .....										

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**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	Former			
(47) TERRY SWAIM DIRECTOR	1.00	X						0.	0.	0.
(48) MARY ULICH DIRECTOR	1.00	X						0.	0.	0.
(49) VERONICA MALDONADO-TORRES DIRECTOR	1.00	X						0.	0.	0.
(50) WAYNE D. ELLISON DIRECTOR	1.00	X						0.	0.	0.
(51) WILLIAM F. MCCARGO DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	37,748.				
	<b>c</b> Fundraising events .....	<b>1c</b>	5,425.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	16,644,521.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,861,314.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,887,592.		294,190.	1593402.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
			(i) Real (ii) Personal				
	<b>6 a</b> Gross rents .....	<b>6a</b>					
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
			(i) Securities (ii) Other				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	20,525,156.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	18,362,554.	237,688.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,162,602.	-237,688.			
	<b>d</b> Net gain or (loss) .....			1,924,914.			1924914.
	<b>8 a</b> Gross income from fundraising events (not including \$ 5,425. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	49,140.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	20,240.				
	<b>c</b> Net income or (loss) from fundraising events .....			28,900.			28,900.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> NET ADMINISTRATIVE FEE INCOME		900001	130,604.			130,604.
	<b>b</b> RENTAL INCOME		532000	3,510.	3,510.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			134,114.			
<b>12 Total revenue.</b> See instructions .....			20,663,214.	3,510.	294,190.	3677820.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,473,513.	13,473,513.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	251,667.		213,917.	37,750.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	307,910.		261,725.	46,185.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,914.		27,127.	4,787.
<b>9</b> Other employee benefits	32,797.		27,877.	4,920.
<b>10</b> Payroll taxes	36,968.		31,423.	5,545.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	319,448.	319,448.		
<b>g</b> 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.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	20,088.		17,075.	3,013.
<b>14</b> Information technology	34,509.		29,329.	5,180.
<b>15</b> Royalties				
<b>16</b> Occupancy	53,485.		45,463.	8,022.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,524.		5,524.	
<b>20</b> Interest	1,307.		1,307.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	7,263.		7,263.	
<b>23</b> Insurance	8,234.		8,234.	
<b>24</b> 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.)				
<b>a</b> <b>FEDERAL &amp; STATE UNRELAT</b>	75,334.	75,334.		
<b>b</b> <b>COMMUNICATIONS &amp; PROMOT</b>	135,792.			135,792.
<b>c</b> <b>FUNDRAISING EXPENSE</b>	119,937.			119,937.
<b>d</b> <b>TAXES, LICENSES &amp; FEES</b>	66,017.		64,629.	1,388.
<b>e</b> All other expenses	45,602.		28,808.	16,794.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	15,278,970.	13,868,295.	1,015,062.	395,613.
<b>26</b> <b>Joint costs.</b> 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)				

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

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**COMMUNITY FOUNDATION FOR NORTHEAST  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,663,214.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,278,970.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,384,244.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	64,107,377.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,260,216.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	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
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form **990** (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public  
Inspection**

Employer identification number
58-1557995

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).

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		
<b>Total</b>						

**COMMUNITY FOUNDATION FOR NORTHEAST  
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Schedule A (Form 990) 2024

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**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10341116.	17820673.	9327116.	15135021.	16687694.	69311620.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10341116.	17820673.	9327116.	15135021.	16687694.	69311620.
<b>5</b> 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.
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....	10341116.	17820673.	9327116.	15135021.	16687694.	69311620.
<b>8</b> 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.
<b>9</b> 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.
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						77076347.
<b>12</b> 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** ☐

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	67.21	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	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 ☒

**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 ☐

**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 ☐

**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 ☐

**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 ☐

Schedule A (Form 990) 2024



**COMMUNITY FOUNDATION FOR NORTHEAST  
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Schedule A (Form 990) 2024

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**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**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 ☐

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) 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	<b>Distributable Amount.</b> 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

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

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

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

Schedule A (Form 990) 2024



SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and questions about donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form section for Conservation Easements including questions about purpose, total number, acreage, and monitoring expenses.

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.

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting requirements.

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

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

## 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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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.

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) <b>EQUITY METHOD LTD</b>		
(B) <b>PARTNERSHIPS</b>	<b>12,394,560.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(C) <b>REAL ESTATE</b>	<b>156,000.</b>	<b>COST</b>
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>12,550,560.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>AGENCY LIABILITIES</b>	<b>18,630,599.</b>
(3) <b>OPERATING LEASE</b>	<b>155,606.</b>
(4) <b>FINANCE LEASE</b>	<b>29,611.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>18,815,816.</b>

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 ... ☒

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>23,878,635.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	<b>3,260,216.</b>
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	<b>36,965.</b>
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	<b>3,297,181.</b>
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	<b>20,581,454.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	<b>319,448.</b>
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	<b>-237,688.</b>
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	<b>81,760.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>20,663,214.</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>15,234,175.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	<b>36,965.</b>
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	<b>36,965.</b>
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	<b>15,197,210.</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	<b>319,448.</b>
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	<b>-237,688.</b>
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	<b>81,760.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>15,278,970.</b>

**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.**

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

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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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.
Attach to Form 990 or Form 990-EZ.
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 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?
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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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? ☐ Yes ☐ No
- 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.

Schedule G (Form 990)		2013	
<b>Part IV</b>	<b>Supplemental Information</b>	<i>(continued)</i>	

[illegible]

**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](http://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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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  
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**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

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**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

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(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

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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

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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

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(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

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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

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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

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(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

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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

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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

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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

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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

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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

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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

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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
ISALIAH 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

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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

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(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

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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

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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

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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

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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 TOSSERS, 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

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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

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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
SCOTTTDALE 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

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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

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(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 HUDGENS 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)

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**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**

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**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)

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**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)

Schedule I (Form 990)

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COMMUNITY FOUNDATION FOR NORTHEAST

**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](http://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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

Page 2

**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.

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

Page 3

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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](http://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 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

**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**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA</b>	Employer identification number <b>58-1557995</b>
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**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.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE HUDGENS SUPPORTING FOUNDATION, INC. - 26-2554446, 3425 DULUTH PARK LANE, DULUTH, GA 30096	SUPPORTING ORGANIZATION OF CFNEG	GEORGIA	501(C)(3)	170(B)(1) (A)(VI)			X

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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

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

**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
<b>(1) THE HUDGENS SUPPORTING FOUNDATION, INC.</b>	<b>C</b>	<b>1,250,200.</b>	<b>CASH DONATION</b>
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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.

[illegible]

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



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

**2025**

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

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. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a	
b	Enter the tax shown on the 2024 return. <b>Caution:</b> 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	<b>2025 Estimated Tax.</b> 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)	(c)	(d)
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

Form 8879-TE

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

2024

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **COMMUNITY FOUNDATION FOR NORTHEAST  
GEORGIA**

EIN or SSN  
**58-1557995**

Name 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](http://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](http://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**

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

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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))

OMB No. 1545-0047

**2024**Department of the Treasury  
Internal Revenue Service

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://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).

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA</b>	<b>D</b> Employer identification number  <b>58-1557995</b>
<b>B</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		Number, street, and room or suite no. If a P.O. box, see instructions. <b>6500 SUGARLOAF PKWY, 220</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>DULUTH, GA 30097</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>91,729,727.</b>	
<b>G</b> 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 <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>2</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>DEPRIEST WADDY, PRESIDENT &amp; CEO</b> Telephone number <b>(770) 813-3380</b>			

**Part I Total Unrelated Business Taxable Income**

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

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	<b>59,311.</b>
2 <b>Trusts taxable at trust rates.</b> 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) .....	<b>2</b>	
3 <b>Proxy tax.</b> See instructions .....	<b>3</b>	
4a Amount from Form 4255, Part I, line 3, column (q) .....	<b>4a</b>	
b Other tax amounts. See instructions .....	<b>4b</b>	
5 Alternative minimum tax .....	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	<b>59,311.</b>

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....	<b>2</b>		<b>59,311.</b>
<b>3a</b> Amount from Form 4255, Part I, line 3, column (r) (see instructions) .....	<b>3a</b>		
<b>b</b> Amount due from Form 8611 .....	<b>3b</b>		
<b>c</b> Amount due from Form 8697 .....	<b>3c</b>		
<b>d</b> Amount due from Form 8866 .....	<b>3d</b>		
<b>e</b> Other amounts due (see instructions) .....	<b>3e</b>		
<b>f</b> Total amounts due. Add lines 3a through 3e .....	<b>3f</b>		<b>0.</b>
4 <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		<b>59,311.</b>

**Part III Tax and Payments** (continued)

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

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

<b>1</b>	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
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	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.		
<b>5</b>	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	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use		
<b>b</b>	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	GREGORY W. HAYES	GREGORY W. HAYES	12/04/25	PTIN
	Firm's name	Firm's EIN		
	MSTILLER LLC	58-0673524		
	1960 SATELLITE BLVD., SUITE 3600		Phone no. (770) 995-8800	
	DULUTH, GA 30097			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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

Go to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047

2024

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

A	Name of the organization COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA	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
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	293,672.	293,672.
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	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) SEE STATEMENT 2	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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
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	<b>Total gross income</b> (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	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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).	
<b>Totals</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)				
	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).
<b>Totals</b>	0.			0.

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

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
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	7	

Schedule A (Form 990-T) 2024

**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)		%	

<b>Total.</b> Enter here and on Part II, line 1	0.
---	----

<b>Part XI</b>	<b>Supplemental Information</b> (see instructions)
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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		

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

Go to [www.irs.gov/Form990T](http://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).

2  
OMB No. 1545-0047

2024

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
1 a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4		5	518.	518.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13	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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5	<b>Total deductions.</b> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property .....	A	B	C	D
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	<b>Total gross income</b> (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	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	<b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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).
<b>Totals</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)				
	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).
<b>Totals</b>	0.			0.

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

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
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	7	

Schedule A (Form 990-T) 2024



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		

Form **2220**Department of the Treasury  
Internal Revenue Service**Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

**2024**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	
2b	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	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	Total. Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> 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. <b>Caution:</b> 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 <b>smaller</b> 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	04/15/24	06/15/24	09/15/24	12/15/24
10				
11	83,730.			
12		83,730.	83,730.	83,730.
13		83,730.	83,730.	83,730.
14				
15	83,730.	83,730.	83,730.	83,730.
16				
17				
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)
<b>19</b> 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 .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2024 and before 7/1/2024 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024 ...	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2024 and before 4/1/2025 ...	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2025 and before 7/1/2025 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2025 and before 10/1/2025 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2025 and before 1/1/2026 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2025 and before 3/16/2026 ...	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> 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 .....	<b>38</b>			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](http://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)
		First 3 months	First 5 months	First 8 months	First 11 months
1 Enter taxable income for the following periods.					
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)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	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
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
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 <b>smaller</b> 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 <b>Adjusted seasonal or annualized income installments.</b> 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. <b>Note:</b> "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 <b>Required installments.</b> Enter the <b>smaller</b> 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**



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
<b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):			
<b>a</b> Consolidated net income or loss per the AFS of the corporation .....	<b>1a</b>		
<b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....	<b>1b</b>		
<b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....	<b>1c</b>		
<b>d</b> Adjustment for certain consolidating entries (see instructions) .....	<b>1d</b>		
<b>e</b> Specified additional net income or loss item B. Reserved for future use	<b>1e</b>		
<b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d .....	<b>1f</b>		
<b>2</b> Adjustments (see instructions):			
<b>a</b> Financial statements covering different tax years .....	<b>2a</b>		
<b>b</b> Corporations that are not included on the taxpayer's consolidated return .....	<b>2b</b>		
<b>c</b> 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) .....	<b>2c</b>		
<b>d</b> 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)	<b>2d</b>		
<b>e</b> Certain taxes .....	<b>2e</b>		
<b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)	<b>2f</b>		
<b>g</b> Alaska native corporations .....	<b>2g</b>		
<b>h</b> Certain credits .....	<b>2h</b>		
<b>i</b> Mortgage servicing income .....	<b>2i</b>		
<b>j</b> Tax-exempt entities (organizations subject to tax under section 511) ...	<b>2j</b>		
<b>k</b> Depreciation .....	<b>2k</b>		
<b>l</b> Qualified wireless spectrum .....	<b>2l</b>		
<b>m</b> Covered transactions .....	<b>2m</b>		
<b>n</b> Adjustments related to bankruptcy and insolvency .....	<b>2n</b>		
<b>o</b> Certain insurance company adjustments .....	<b>2o</b>		
<b>p</b> Adjustment P - Reserved for future use .....	<b>2p</b>		
<b>q</b> Adjustment Q - Reserved for future use .....	<b>2q</b>		
<b>r</b> Adjustment R - Reserved for future use .....	<b>2r</b>		
<b>s</b> Adjustment S - Reserved for future use .....	<b>2s</b>		
<b>z</b> Other .....	<b>2z</b>		
<b>3</b> Specified adjustment. Reserved for future use .....	<b>3</b>		
<b>4</b> Total adjustments. Combine lines 2a through 2z .....	<b>4</b>		
<b>5</b> AFSI. Combine lines 1f and 4 .....	<b>5</b>		
<b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 .....	<b>6</b>		
<b>7</b> 3-year average annual AFSI (see instructions) .....	<b>7</b>		

**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
<b>10</b> AFSI for purposes of the \$100 million test before adjustments:			
<b>a</b> AFSI from line 5 .....	<b>10a</b>		
<b>b</b> Aggregation differences (see instructions) .....	<b>10b</b>		
<b>c</b> Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b .....	<b>10c</b>		
<b>11</b> Adjustments:			
<b>a</b> Income not effectively connected to a U.S. trade or business .....	<b>11a</b>		
<b>b</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) .....	<b>11b</b>		
<b>c</b> Reserved for future use - Other adjustments 1 .....	<b>11c</b>		
<b>d</b> Reserved for future use - Other adjustments 2 .....	<b>11d</b>		
<b>12</b> Total adjustments. Combine lines 11a and 11b .....	<b>12</b>		
<b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12 .....	<b>13</b>		
<b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....			<b>14</b>
<b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....			<b>15</b>
<b>16</b> Is line 15 \$100 million or more? <input type="checkbox"/> <b>Yes.</b> Continue to Part II. <input type="checkbox"/> <b>No.</b> STOP here. Attach to your tax return.			

Form **4626** (2024)

**Part II Corporate Alternative Minimum Tax (CAMT)**

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

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

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

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

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

Form **4626** (2024)

# TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

**FOR THE YEAR ENDING**

December 31, 2024

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**Prepared For:**

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

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**Prepared By:**

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

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**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

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**Mail Tax Return and Check (if applicable) To:**

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

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**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

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**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

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**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

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**Make Check Payable To:**

Georgia Department of Revenue

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**Mail Voucher and Check To:**

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

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**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 .....	\$	<u>283,435.</u>
2. Estimated Tax (use applicable tax rate) .....	\$	<u>7,500.</u>
3. Less Credits .....	\$	<u>          </u>
4. Less Credit for 2024 overpayment if credit was elected on Form 600, 600S or 700 .....	\$	<u>          </u>
5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero) .....	\$	<u>7,500.</u>
6. Computation of installment: (check box below and enter amount.) .....	\$	<u>          </u>
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 .....	\$	<u>7500.</u>

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

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**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: ☒

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	04-15-2025	1	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 \$

602581557995006 123125041525122203000150000000000004



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

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**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.

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

Signature	Title
Telephone	Date

Amount Paid \$

602581557995006 123125061525222203000150000000000000

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

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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.

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

Signature	Title
Telephone	Date

Amount Paid \$

602581557995006 12312509152532220300015000000000006

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

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**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

602581557995006 1231251215254220300015000007500000

# 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/](https://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

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



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

☒ Paper Return ☐ Electronically Filed

TYPE OF RETURN: ☒ 03-Corporate ☐ 35-Partnership

FEI Number <b>58-1557995</b>	Income Tax Year <b>2024</b>	Beginning Date <b>01/01/24</b>	Ending Date <b>12/31/24</b>	Vendor Code <b>150</b>
Name (Type or print plainly the exact Company Name) <b>COMMUNITY FOUNDATION FOR NORTHEAST</b>			E-mail Address	
Business Address <b>6500 SUGARLOAF PKWY, NO. 220</b>		City <b>DULUTH</b>	State <b>GA</b>	ZIP Code <b>30097</b>
Title <b>PRESIDENT &amp; CEO</b>	Telephone <b>(770) 813-3380</b>	Signature		Date

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid \$ **5444.00**

03058155799500612312412003000000000015000005444000



**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				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)					
COMMUNITY FOUNDATION FOR GEORGIA								58-1557995					
Number and Street				Number and Street									
6500 SUGARLOAF PKWY, NO.													
City or Town				City or Town				NAICS Code		Date of current exemption letter.		IRS code section for which you are exempt.	
DULUTH													
State		ZIP Code		State		ZIP Code		900001					
GA		30097											
Georgia Unrelated Business Taxable Income								SCHEDULE 1					
1. Unrelated business taxable income from Federal Form 990-T (attach copy) .....								1.		283435			
2. Additions .....								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			



2501615026

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

Title

12/04/25

Date

P00054246

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.