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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 black lung

benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning and ending		
В	Check if	Please C Name of organization	D Employer identific	ation number
	applicabl	" Use IRS THE COMMUNITY FOUNDATION OF NORTHWEST	' '	
Г	Addre	ss label or OPODCIA TAIC		
F	Name chang	type	− 58-2	360356
一	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
F	Termir	Chaorific		275-9117
늗	lated Amend			12,294,406.
H	—iretum ⊟Applic	City or town, state or country, and 21P + 4	G Gross receipts \$	
ᆫ	Application pendir		H(a) Is this a group re	
	•	F Name and address of principal officer JAMES E. BETHEL	for affiliates?	Yes X No
		P.O. BOX 1287, DALTON, GA 30722-1287	H(b) Are all affiliates incl	
_		empt status. X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		list. (see instructions)
		te: ► WWW.COMMUNITYFOUNDATIONNWGA.ORG	H(c) Group exemption	
			ear of formation: 1998 N	State of legal domicile: GA
LP	art 📗	Summary		
ø	1	Briefly describe the organization's mission or most significant activities. ${\color{red}{\bf TO}}$ ${\color{red}{\bf SERVE}}$	THE NEEDS OF	THE
Activities & Governance	1	NORTHWEST GEORGIA REGION AND TO BENEFIT AND 1	PROMOTE THE W	ELL BEING
ž	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
ŝ	5	Total number of employees (Part V, line 2a)	5	3
itie	6	Total number of volunteers (estimate if necessary)	6	52
Ę.	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ď	Ь	Net unrelated business taxable income from Eorm, 990-T, line 34	7b	0.
_	 		Prior Year	Current Year
	8	Contributions and grapts (Part-VIII-line 1fi)	1,546,556.	2,302,704.
ž	9	Program service revenue (Part VIII, line, 29)		2/302//014
Revenue	10	Investment incomes(Part VIII), column (A), lines 3/4, land 7d)	-415,063.	-1,510,949.
æ	11	Other revenue (Part VIII, column (A), lines 5,-6d, 8c, 9c, 10c, and 11e)	254,218.	189,457.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,385,711.	981,212.
			2,434,866.	1,600,829.
	1	Grants and similar-amounts paid (Part IX, column (A), lines 1-3)	2,434,000.	1,000,023.
		Benefits paid to or for members (Part IX, column (A), line 4)	226 007	226,419.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	236,907.	220,419.
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
X	. b	Total fundraising expenses (Part IX, column (D), line 25) 72,205.	727 250	E00 0E1
	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	737,358.	509,051.
	1 .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,409,131.	2,336,299.
	19_	Revenue less expenses Subtract line 18 from line 12	-2,023,420.	-1,355,087.
ets or)	2		Beginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	17,795,217.	21,066,956.
et Asse.	21	Total liabilities (Part X, line 26)	693,071.	784,725.
4 Ž	22	Net assets or fund balances. Subtract line 21 from line 20	<u>17,102,146.</u>	20,282,231.
	art II	Signature Block		
-		Under genalties of perjury, reclare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of prepare that other than one er to based on an integration of which preparer has any knowle	nts, and to the best of my knowled dge	ge and belief, it is true, correct,
2		770	/-	1.
Sid	gn		1/27	//8
He	re	Signature of officer	Date	
He Pa		DAVID AFT, CEO		
_		Type or print name and title		
Pa	id	Preparer's Date		er's identifying number structions)
	parer's	signature REBECCA C. FINGERLE 09/22/10	employed ▶	
	-	Firm's name (or HAZLETT, LEWIS & BIETER, PLLC	EIN ►	
US	e Only	self-employed). 537 MARKET STREET. SUITE 300		
	_	address, and ZIP+4 CHATTANOOGA, TN 37402-1239	Phone no. ▶ (423)756-6133
	:he l	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
		14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2009)
		EE SCHEDULE O FOR ORGANIZATION MISSION STATE		· · · · · · · · · · · · · · · · · · ·
				· · · / /

	990 (2009)	GEORGIA, INC	•	58-2360356 Page 2
Pa		Program Service Ac	complishments	
1	Briefly describe the org			
			NORTHWEST GEORGIA REGION	
	PROMOTE THE	WELL BEING OF	VARIOUS COMMUNITIES SERV	ED BY THE FOUNDATION
2	Did the ergenization un	dortaka any significant prog	ram services during the year which were not liste	don
2	the prior Form 990 or 9		ram services during the year which were not uste	Yes X No
	*	e new services on Schedule	0	res Zino
3			o. Inificant changes in how it conducts, any progran	n services?
Ū		e changes on Schedule O.	, initiality or any program	in controls.
4		_	ch of the organization's three largest program ser	vices by expenses.
			ection 4947(a)(1) trusts are required to report the	
	allocations to others, th	ne total expenses, and rever	ue, if any, for each program service reported.	
4a	(Code ⁻		5 , 882 . Including grants of $$$ 1 , 600 , 8	
			NORTHWEST GEORGIA REGION	
	PROMOTE THE	WELL BEING OF	VARIOUS COMMUNITIES SERV	VED BY THE FOUNDATION.
				· · · · · · · · · · · · · · · · · · ·
		<u></u>		
		····		
				· · · · · · · · · · · · · · · · · · ·
		· · <u></u>		
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$
				
		· · · · · · · · · · · · · · · · · · ·		
				
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$
			· · · · · · · · · · · · · · · · · · ·	
				
				
4d		s (Describe in Schedule O.)		
	(Expenses \$	including gran).
<u>4e</u>	Total program service	e expenses ►\$ 1	,715,882.	

58-2360356

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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		77	ŀ
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u>X</u> _	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			. ,
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			₩.
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		v	1
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	44	х	
_	as applicable	11		_
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			ļ
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·		
	Schedule D, Parts XI, XII, and XIII	12	Х	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	, <u> </u>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
b				Ī
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) GEORGIA, INC.

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
- '	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			- T
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ì '		1
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	1		1
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	Ĺ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ŀ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
•	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
J J	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ <u></u>
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		$ \mathbf{x} $
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3,	<u> </u>	 *
38		20	x	
	Note, All Form 990 filers are required to complete Schedule O.	38		(2009

Form 990 (2009) GEORGIA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 58-2360356 Page 5

	•				Yes	No_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		[
	U.S. Information Returns, Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportat	ole gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		tions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country.					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	nd			l
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>x</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg					
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the orga	ınızatıon solicit			
	any contributions that were not tax deductible?			6a		<u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions o	r gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r goods	and services			
	provided to the payor?			7a		X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	was req	uıred			
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ļ		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al			
	benefit contract?			7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098		-	<u>7h</u>		}
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting o				İ	ŀ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have ex	cess bu	isiness holdings		}	
_	at any time during the year?			8	 	├
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	 	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	X
10	Section 501(c)(7) organizations. Enter:	140-		-		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L	1	1	
11	Section 501(c)(12) organizations. Enter.	144-	1	1	1	1
a		11a		1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against	441	1			
10-	amounts due or received from them.) Section 4947(2)(1) page-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b m 1041′	l	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	; 	<u>12a</u>	+-	+
0	ii res, enter the amount of tax-exempt interest received of accided during the year	1 120	L			

Form **990** (2009)

Form 990 (2009) GEORGIA, INC. 58 – 2360356 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>sec</u>	tion A. Governing body and management						
		1.	ı	4 4	-	Yes	No_
	Enter the number of voting members of the governing body	<u>1a</u>		11	ı		
ь	Enter the number of voting members that are independent	1b		- + +	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner	۔ ا		.	
_	officer, director, trustee, or key employee?			2	-	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e airea	ct supervision	. ا			v
	of officers, directors or trustees, or key employees to a management company or other person?		O was filed?	3			X X X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		o was nied?	4	\neg		<u>v</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset Does the organization have members or stockholders?	lS?		5	-		<u>~</u> -
6	Does the organization have members of stockholders, or other persons who may elect one or more me	-mb	of the	-	+		
/ a	governing body?	annoer:	s or trie				<u>X</u> _
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	eone?		7:	-t		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			<u> </u>	-		
0	by the following.	uumi	i tile year				
_	The governing body?			8	.	x	
	Each committee with authority to act on behalf of the governing body?			8	\neg	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	chod	at the		+	^	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ici i o u	at tite	وا			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	avenu	e Code I				
	tion 2.1. Shots (mis section b requests information about policies not required by the internal re	evena	e oode /		Τ	Yes	No
1 ∩2	Does the organization have local chapters, branches, or affiliates?			10		X	110_
	If "Yes," does the organization have written policies and procedures governing the activities of such	chant	ers affiliates		-		
•	and branches to ensure their operations are consistent with those of the organization?	опарт	oro, armatos,	10)b	x	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ılına th	e form?	1	\neg	X	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Ì		_
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12	2a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld aiv	e rise	<u> </u>			
_	to conflicts?	J		12	ь	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe				
_	in Schedule O how this is done	,		12	2c	х	
13	Does the organization have a written whistleblower policy?			1		Х	_
14	Does the organization have a written document retention and destruction policy?			1	4	х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•	- 1	- }		
а	The organization's CEO, Executive Director, or top management official			15	ā	Х	
b	Other officers or key employees of the organization			15	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)				\Box		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vrth a				
	taxable entity during the year?			16	Sa		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	ts participation		- 1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's				
	exempt status with respect to such arrangements?			16	3b		
Sec	tion 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 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ılable for			
	public inspection. Indicate how you make these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest pol	icy, and f	inar	ncial	
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the org	anızatıor		·	
	DAVID AFT - (706)275-9117						
	714 THORNTON AVENUE, DALTON, GA 30720						

Form 990 (GEORGIA,						58-2360356	Page 7
Part VII	Compensation	of Officers,	Directors,	, Trustees,	Key Emp	loyees,	Highest C	Compensated	
	Employees, an	d Independe	ent Contra	ctors					

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. Use Schedule J-2 if additional space is needed.

- ◆ 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. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no (A) Name and Title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Insbiubonal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
SEE ATTACHED LIST DIRECTORS	1.00	х						0.	0.	0
DAVID AFT PRESIDENT	40.00			х		x		118,000.	0.	16,461
		ļ		_						
			_				_			
			_		_					
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			_		-	_				
			_			_	_			
			_							
					ļ					
						<u> </u>				

	· · · · · · · · · · · · · · · · · · ·		
2	Total number of independent contractors (including but not limited to those listed	d above) who received more than	
	\$100,000 in compensation from the organization		
			Form 990 (2009)

	rt VII						38-2360	336 Page 9
<u>ra</u>	i Vii	I Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and its	2302704. 121,378.				
<u>8</u> 0	<u>h</u>	Total, Add lines 1a-1f			2302704.			<u> </u>
Program Service Revenue		All other program service reve		Business Code				
	<u>9</u> 3	Total. Add lines 2a-2f Investment income (including	dividends intere	et and				
	4 5	other similar amounts) Income from investment of ta Royalties		•	501,880.			501,880.
			(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 9,300,365, 11,313,194,	(II) Other				
	С	Gain or (loss)	-2,012,829,					
ļ	d	Net gain or (loss)			-2,012,829,			-2,012,829,
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of e 1c). See . a					
5		Less direct expenses Net income or (loss) from fun	b draising events					
	9 a	Gross income from gaming a						
		Less direct expenses	b man notuutsee	L				
	10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold						
ļ		Net income or (loss) from sale						
	11 a	Miscellaneous Revenu		Business Code 900099	189,457.	189,457.		
	b							
	C			<u> </u>				
	ď	All other revenue Total. Add lines 11a-11d			189,457.			
	12	Total revenue. See instructions.			981,212.	189,457.	0.	-1,510,949.
93200 02-04	9							Form 990 (2009)

58-2360356 Page 10

Form 990 (2009) GEORGIA, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	1,600,829.	1,600,829.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	134,461.	53,785.	40,338.	40,338.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and			Ì						
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages .	67,750.	7,350.	47,425.	12,975.					
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits	9,919.	1,984.	6,943.	992.					
10	Payroll taxes	14,289.	4,093.	6,514.	3,682.					
11	Fees for services (non-employees).									
а	Management									
b	Legal	14,304.	1,430.	11,444.	1,430.					
С	Accounting	26,025.		26,025.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17				. 					
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses	3,899.	1,651.	1,858.	390.					
14	Information technology									
15	Royalties				· · · · · · · · · · · · · · · · · · ·					
16	Occupancy	11,652.	5,826.	4,661.	1,165.					
17	Travel	5,230.	3,138.	1,569.	523.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	· · · · · ·								
19	Conferences, conventions, and meetings	1,838.	919.	735.	184.					
20	Interest				<u></u>					
21	Payments to affiliates			_						
22	Depreciation, depletion, and amortization	2,758.	1,103.	1,379.	276.					
23	Insurance _									
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
а	TAX-UBITA	-4,446.		-4,446.						
Ь	FOUNDATION ADMINISTRATI	187,569.		187,569.						
С	INVESTMENT FEES	_111,970.		111,970.						
d	BAD DEBT EXPENSE	80,930.		80,930.						
е	CONSULTING SERVICES	42,215.	25,329.	8,443.	8,443.					
f	All other expenses	25,107.	8,445.	14,855.	1,807.					
25	Total functional expenses. Add lines 1 through 24f	2,336,299.	1,715,882.	548,212.	72,205					
26	Joint costs. Check here If following									
	SOP 98-2. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation									
					F 000 (0000					

Form 990 (2009)

GEORGIA, INC.

58-2360356 Page 11

	rt X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		<u> 58-</u>	2360356 Page II
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		352,863.	_2	64,596.
	3	Pledges and grants receivable, net	210,762.	_3	81,328.	
	4	Accounts receivable, net		4	1,150,359.	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other				
		basis. Complete Part VI of Schedule D	10a 55,142.	<u> </u>	<u> </u>	
	b	Less accumulated depreciation	10b 51,250.	6,650.	10c	3,892.
	11	Investments - publicly traded securities	13,373,651.	11	17,492,135.	
	12	Investments - other securities See Part IV, line	1	3,851,291.	12	2,274,646.
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	17,795,217.	16	21,066,956.
	17	Accounts payable and accrued expenses	4,160.		14,274.	
	18	Grants payable		5,000.	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Ě	22	Payables to current and former officers, director	s, trustees, key employees,			
Liabilities		highest compensated employees, and disqualifit of Schedule L	ed persons Complete Part II		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities. Complete Part X of Schedule D	•	683,911.	25	770,451.
	26	Total liabilities. Add lines 17 through 25		693,071.	26	784,725.
		Organizations that follow SFAS 117, check he	ere X and complete			
S		lines 27 through 29, and lines 33 and 34.	•			
ဦ	27	Unrestricted net assets		12,193,404.	27	15,929,688.
ala	28	Temporarily restricted net assets		4,374,681.		4,304,244.
B	29	Permanently restricted net assets		534,061.		48,299.
5		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
ö		complete lines 30 through 34.				
sts	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or ed			31	
et A	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		17,102,146.	+	20,282,231.
	34	Total liabilities and net assets/fund balances		17,795,217.		21,066,956.

THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA. INC.

Form	990 (2009) GEORGIA, INC. 58-236	0356	Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.	ì		
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b]

Form **990** (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF NORTHWEST

Employer identification number

	GEORGIA, INC.								58	<u>3-2360</u>	<u> 356</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.	_			
he orga	nization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization of	described i	n 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	A rederal, state, or local government or governmental unit described in section 170(b) (1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•	•	b)(1)(A)(vi). (Comple	•	or ito oupp	on nom a	governino	mar arm a		gonorai p	-abiic 0000i		•
8 X	1		ection 170(b)(1)(A)(vi). (Complete	Part II \							
9 🗀	ì		eives: (1) more than 33 1			om contri	nutione m	amharehir	s face an	d arnee rec	ointe f	from
.	-		nctions - subject to certa		• •					_		
		•	axable income (less sect	•	•	•				-		
		509(a)(2). (Complete	•	.ion o i i ta	k) HOIH Du	3111C33C3 G	icquired b	y tile organ	iization a	iter durie o	0, 137	•
ю 🗆	1		perated exclusively to tes	et for publi	c cafety S	coetia	n 500(n)(/	11				
	ı	- ,	perated exclusively to the	-	-			•	out the	nurnosas o	f one c	nr.
	•	- ,	•		•			•				,
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III · Functionally integrated d Type III · Other											
	1		at the organization is not			•	_	r mara disa		• •		_
e		•	han one or more publicly			-	-		•			
f		•	ten determination from t		-				(a)(1) 01 3	ection 503	(a)(£)	
•	•				шизату	pe i, Type	ii, or Type	7 111				
		rganization, check th	organization accepted an	walt or or	antribution	from any	of the follo	owena nare	one?			
9	-		irectly controls, either al			-				1	Yes	No
		-	upported organization?	one or tog	CUICI WILII	persons d	escribed i	ii (ii) ai iu (i	ii) Delow,	11g(i)	163	140
	•		n described in (i) above?							11g(ii)		
	• •	•	person described in (i) o		2					11g(iii)		
h			about the supported or							(' 'g(''')	1	
"	Flovide tile i	ollowing information	about the supported or	garnzanom	(S).							
			(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the I			,
	e of supported	(ii) EIN	organization		sted in your	organizat		organizátic	n in col.	(vii) Am		1
UI	ganization		(described on lines 1-9 above or IRC section	governing		(i) of your		(i) organizi U.S.		sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			(400	:::			- ::-	1.00	110			
										_	-	
		<u> </u>										
					·							
										_		

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 GEORGIA, INC. 58-2360356 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008(e) 2009 (f) Total (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,887,205 2.887.577 1,546,556 11,558,217. 1,934,175 2,302,704 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 2,887,205 1,934,175 2.887.577 1,546,556, 2.302.704 11,558,217. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 4,561,587. 6 Public support. Subtract line 5 from line 4 6 996 630. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 7 Amounts from line 4 1,934,175 2,887,205 2,887,577 1,546,556 2,302,704 11,558,217. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 382,829. 759,425. 973,513. -415063. -1.510.947. 189,757. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 220,203 246,473. 254,218. 189,457. 910,351. assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12,658,325, 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 55.27 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. 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 $\triangleright X$ b 33 1/3% support test - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 or 990-EZ) 2009

	A. Public Support	rganizations	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part I.)	
		(-) 000F	#1 200C	(-) 0007	(4) 2008	(=) 2000	(O Total	
	year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	grants, contributions, and							
	bership fees received. (Do not							
	de any "unusual grants.")							
merch	s receipts from admissions, handise sold or services per- ed, or facilities fumished in							
•	ctivity that is related to the iization's tax-exempt purpose							
3 Gross	s receipts from activities that	Į ,						
	ot an unrelated trade or bus-							
iness	under section 513							
	evenues levied for the organ-							
	n's benefit and either paid to							
or exp	pended on its behalf							
5 The v	alue of services or facilities							
furnis	shed by a governmental unit to							
the o	rganization without charge							
6 Total	. Add lines 1 through 5							
-	unts included on lines 1, 2, and eived from disqualified persons							
from ot	ts included on lines 2 and 3 received ther than disqualified persons that the greater of \$5,000 or 1% of the tion line 13 for the year							
	ines 7a and 7b				-			
	ic support (Subtract line 7c from line 6)				-			
	B. Total Support				<u> </u>		<u> </u>	
	year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	unts from line 6	(a) 2000	(6) 2000	(6) 2001	(d) 2000	(6) 2000	(i) rotar	
	s income from interest,							
dıvıde secur	ends, payments received on rities loans, rents, royalties ncome from similar sources							
b Unrela	ated business taxable income							
(less s	section 511 taxes) from businesses							
acquir	red after June 30, 1975							
c Add I	lines 10a and 10b							
actıvı whetl	ncome from unrelated business ities not included in line 10b, her or not the business is any carried on					:		
•	r income. Do not include gain			-	 	 		
or los	ss from the sale of capital							
	ts (Explain in Part IV) SUPPORT (Add lines 9, 10c, 11, and 12)			_				
	five years. If the Form 990 is fo	the erganization'	e first second the	rd fourth or fifth t	tay year as a soct	on 501/o\(3) organi	zation	
	k this box and stop here	the organization	3 m3t, 36cond, tim	ia, ioartii, or mart	lax year as a secti	on sor(c)(s) organiz	Lation,	
	C. Computation of Publ	ic Support Pe	rcentage	·		_,,,,		
	c support percentage for 2009 (column (f\)		15	%	
	ic support percentage from 2008 (ic support percentage from 2008		· · · · · · · · · · · · · · · · · · ·	ooiaiiii (i <i>))</i>		16	%	
	D. Computation of Inve					10		
						147		
	stment income percentage for 20	•	•	ne 13, column (I))	•	17	%	
	18 Investment income percentage from 2008 Schedule A, Part III, line 17							
							i / is not	
	than 33 1/3%, check this box a	-	•	•	• • •		▶ ∟	
	/3% support tests - 2008. If the	=					ano 🛌	
	8 is not more than 33 1/3%, che		-			-		
20 Priva	te foundation. If the organization	ni dia not check a	DOX ON IINE 14, 19	a, OI 19D, CHOCK I		nstructions	P	

Schedule D

(Form 990)

Department of the Jreasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC.

Employer identification number 58-2360356

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	85	
2	Aggregate contributions to (during year)	2,118,699.	
3	Aggregate grants from (during year)	1,429,268.	
4	Aggregate value at end of year	12,693,837.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	' '	2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
_	year ▶		3
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	<u> </u>	Tyes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	-	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organiza	•	·
	conservation easements		3
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	-	
	the footnote to its financial statements that describes these		•
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ice sheet works of art, historical treasures,
-	or other similar assets held for public exhibition, education,	•	
	these items		-, p
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
-	the following amounts required to be reported under SFAS		g
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
a b	Assets included in Form 990, Part X		► \$ ► \$
IJ	, woods included in Form 550, Falt A		~ ~

	dule D (Form 990) 2009 GEORGIA						<u>60356</u>		
Pai	t III Organizations Maintaining C								
3	and the state of t								
	(check all that apply):								
a									
	b Scholarly research e Other								
C	Preservation for future generations						\/D /		
4	Provide a description of the organization's co					se in Pan	XIV		
5	During the year, did the organization solicit of to be sold to raise funds rather than to be m		•	•	ar assets		Yes	☐ No	
Pai	t IV Escrow and Custodial Arran				rm 990 Pai	rt IV June 9		<u> NO</u>	
	reported an amount on Form 990, Pa		no ii organization at	10110100 100 1010	000, r u		J, UI		
1a	Is the organization an agent, trustee, custod		liary for contribution	s or other assets no	t included				
	on Form 990, Part X?		.,				Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
	Did the organization include an amount on F		21?			L_	Yes	∐ No	
	If "Yes," explain the arrangement in Part XIV			000 D. 1071	40				
Pai	t V Endowment Funds. Complete			1	1	bl-			
	Decimalization of ward belongs	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears Dack	(e) Four y	ears back	
1a	Beginning of year balance	2756182. 231,593.	5674050. 451,562.						
D	Contributions Net investment earnings, gains, and losses	1013908.	•		-		<u> </u>		
d	Grants or scholarships	512,869.	-2,122,773. 1032952.						
	Other expenditures for facilities	312,007.	1032332.						
·	and programs								
f	Administrative expenses	179,355.	213,705.						
g	End of year balance	3309459.	2756182.						
2	Provide the estimated percentage of the year	•			•				
а	Board designated or quasi-endowment	98.50	_%						
b	Permanent endowment ► 1.50	<u></u> %	_						
С	Term endowment >	%							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiz	ation	_		
	by.						Υ Υ	es No	
	(i) unrelated organizations 3a(i) X								
	(ii) related organizations 3a(ii) X								
b	If "Yes" to 3a(ii), are the related organization						3b		
Par	Describe in Part XIV the intended uses of the rt VI Investments - Land, Building			Port V. line 10					
. 4	Description of investment	(a) Cost or o		1	Nooumulata	.d	(d) Book	value	
	Description of investment	basis (investr	' '		Accumulate epreciation	·a	(a) Book	value	
12	Land	223.0 (, 54510	()	-p. 00.u.ioii				
b	Buildings	-							
c	Leasehold improvements								
d	Equipment	55.	142.		51,2	50.	3	,892.	
	Other .						-		
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990. Part	X. column (B), line 1	10(c))		•	3	.892.	

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	ee Form 990. Part X. line 12	<u> </u>		2360336 Page
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuati end-of-year mark	
Financial derivatives Closely-held equity interests				
Other HEDGE FUNDS	2,274,646.	END-OF-YEAL	R MARKET	VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,274,646.	3		
(a) Description of investment type	(b) Book value	(c)	Method of valuati end-of-year mark	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	e 15. Description		Т	(b) Book value
(a)	Безсприон			(b) Book value
		· · · · · · · · · · · · · · · · · · ·	+	
	 			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			•	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(h) Amount		
1 (a) Description of liability Federal income taxes		(b) Amount		
TRUST LIABILITIES		161,085.		
SPLIT-INTEREST AGREEMENTS		609,366.		
Total. (Column (b) must equal Form 990, Part X, col (B) lin 2. FIN 48 Footnote In Part XIV, provide the text of the foo		770,451.		

_	dule D (Form 990) 2009 GEORGIA, INC.					360356	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Finan	cial State	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		981,	212.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,336,	<u> 299.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-1,355,	087.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		4,535,	172.
9	Total adjustments (net) Add lines 4 through 8			9		4,535,	172.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		3,180,	085.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Rever	ue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements				1	<u>5,516,</u>	384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	4,53	<u>5,172.</u>			
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c	<u> </u>				
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e	4,535,	172.
3	Subtract line 2e from line 1				3	981,	212.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
c	Add lines 4a and 4b				4c		0.
5 _	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_		5		212.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expe	nses per	Retu	'n	
1	Total expenses and losses per audited financial statements				1	2,336,	299.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_	
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIV)	2d			1 1		
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	2,336,	299.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV)	4b] [
c	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	2,336,	
	t XIV Supplemental Information					<u></u>	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines	1a and 4; Pa	rt IV, lines 1	b and 2	b; Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete thi	s part to pro	vide any ad	ditional	information	
	RT V, LINE 4: THE ORGANIZATION HOLDS ABOUT						
USI	ED FOR CONTINUING SUPPORT OF CHARITABLE PRO	JEC	TS IN	THE NO	RTH	WEST	
GE(ORGIA AREA.						
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
<u>UN</u>	REALIZED LOSS ON INVESTMENTS: 4933280.						
<u>CH</u>	ANGE IN VALUE - SPLIT INTEREST AGREEMENTS:	<u>-39</u>	8108.				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States 2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization THE COMMU GEORGIA,	-	NDATION OF M	ORTHWEST				Employer identification number 58-2360356
Part I General Information on Grants a							
Does the organization maintain records or criteria used to award the grants or assist Describe in Part IV the organization's process.	stance?				y for the grants or ass	sistance, and the selec	tion X Yes No
Part II Grants and Other Assistance to					anization answered ")	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$		-		-			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED SCHEDULE		501(C)(3)	1,600,829,	0,			SEE ATTACHED SCHEDULE
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations LHA For Privacy Act and Paperwork Reduc	S		for Form 990				Schedule I (Form 990) 2009

GEORGIA, INC. 58-2360356 Schedule I (Form 990) 2009 Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV. line 22. Part III Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance recipients cash grant cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: EACH ORGANIZATION RECEIVING GRANTS FROM UNRESTRICTED AND ENDOWED FUNDS IS ASKED TO COMPLETE A GRANT COMPLETION FORM AND RETURN IT TO THE FOUNDATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public

Name of the organization

THE COMMUNITY FOUNDATION OF NORTHWEST

GEORGIA, INC.

Inspection

Employer identification number 58-2360356

Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art 2 Art · Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes intellectual property 8 121,377. FAIR MARKET VALUE X Securities - Publicly traded Securities - Closely held stock 10 Securities · Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial 17 Real estate · Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other Other 26 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a

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

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

33

b If "Yes," describe in Part II.

describe in Part II.

, •		mu		עשדזענד	ECIMI	ATION O	E NO		m.				
O-1- a-1- la M (5	000) 00				LOUND	ATION O	r NO.	KIHMES	T	E 0	226025	_	
Schedule M (Form		09 GE	ORGIA,	INC.							-236035		Page 2
	pieme	ntal Into	ormation. for any add	Complete	this part to	provide the in	nformatio	n required t	by Part I, I	lines 30l	b, 32b, and 33	3	
		Part	ioi arry add			. <u></u>							
				/-					0000	m	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
SCHEDULE	M, P	ART I	<u>, сопо</u>	WN (R): THE	ORGANI	ZATI	ON REP	ORTS	THE	NUMBER	OF	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~													
CONTRIBUT	LONS	RECE.	IVED.	<u>EACH</u>	CONTR	IBUTION	OF	SECURI	TIES	IS '	<u> PREATED</u>	AS	
A SEPARAT	E GI	FT.											 ·
									-				
													
			 										
	_								_				

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC.

Employer identification number 58-2360356

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF VARIOUS COMMUNITIES SERVED BY THE FOUNDATION
FORM 990, PART VI, SECTION A, LINE 2: CHARLIE MILLER, WHO IS A DIRECTOR,
HAS A SON THAT IS ONE OF THE ORGANIZATION'S INVESTMENT CONSULTANTS. THREE
OTHER DIRECTORS HAVE A BUSINESS RELATIONSHIP WITH THE ORGANIZATION'S
INVESTMENT COUNSEL.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE
ORGANIZATION'S EXECUTIVE DIRECTOR AND THE AUDIT COMMITTEE AND IS PRESENTED
TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS ASKED TO SIGN
THE CODE OF ETHICS DISCLOSURE FORM WHICH OUTLINES THE FOUNDATION'S CONFLICT
OF INTEREST POLICIES AND NECESSARY DISCLOSURES. WHEN THE BOARD OF DIRECTORS
VOTE ON A NEW ISSUE THAT MY PRESENT A CONFLICT OF INTEREST, THE BOARD
MEMBERS ARE REQUIRED TO EXPLAIN THE CONFLICT AND THIS IS INCLUDED IN THE
MEETING MINUTES.
FORM 990, PART VI, SECTION B, LINE 15A: THE CEO IS THE ONLY KEY EMPLOYEE.
THIS EXECUTIVE COMPENSATION IS DETERMINED BY THE PERSONNEL COMMITTEE OF THE
BOARD OF DIRECTORS AND IS BASED ON SKILLS, EXPERIENCE AND COMPARATIVE DATA
FROM OTHER SIMILAR INSTITUTIONS IN THIS GENERAL GEOGRAPHIC REGION.

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule 0 (Form 990) 2009

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

932211 02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF NORTHWEST

Employer identification number 58-2360356

GEORGIA, INC.
AVAILABLE TO THE PUBLIC UPON REQUEST. THIS AVAILABILITY IN NOTED ON THE
FOUNDATION'S WEB SITE.
TOOMBRITON B WILL BITH.
FORM 990, PART XI, LINE 2C
THE FOUNDATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT
OF THE AUDIT. THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC. FORM 990 - SCHEDULE I, PART II EIN 58-23060356

NOT OPEN FOR PUBLIC INSPECTION

Grantee Name	Address City, State and Zip EIN Number		Grants	Program Area
515 Fellowship of Christian Athletes	PO Box 28 Jasper, GA 30143	44-0610626	\$ 7,500 00	FAITH & RELIGION
515 Fellowship of Christian Athletes	PO Box 28 Jasper, GA 30143	44-0610626	\$ 7,000 00	YOUTH DEVELOPMENT
Advocates for Bartow's Children, Inc	P O Box 446 Cartersville, GA 30120	58-1505825	\$ 3,230 00	Endowment Disto 2008
Advocates for Bartow's Children, Inc	P O Box 446 Cartersville, GA 30120	58-1505825	\$ 3,750 00	LEARNING & EDUCATION
Advocates for Bartow's Children, Inc	P O Box 446 Cartersville, GA 30120	58-1505825	\$ 10,000 00	LEARNING & EDUCATION
Advocates for Bartow's Children, Inc	P O Box 446 Cartersville, GA 30120	58-1505825	\$ 600.00	Signage for Advocates
Advocates for Bartow's Children, Inc	P O Box 446 Cartersville, GA 30120	58-1505825	\$ 1,000 00	Character Education/Flowering Branch Residents
American ORT	2200 Century Parkway Ste 550 Atlanta, GA 30345	13-5562969	\$ 30,000 00	CIVIC & HUMAN SERVICES
Atlanta Community Food Bank	732 Joseph E Lowery Blvd NW Atlanta, GA 30318-6628	58-1376648	\$ 1,000 00	Hunger Assistance
Atlanta Community Food Bank	732 Joseph E Lowery Blvd NW Atlanta, GA 30318-6628	58-1376648	\$ 6,000 00	CIVIC & HUMAN SERVICES
Atlanta Community Food Bank	732 Joseph E Lowery Blvd NW Atlanta, GA 30318-6628	58-1376648	\$ 13,500 0	Distribution per list
Bartow County Humane Society	PO Box 1715 Cartersville, GA 30120	58-2261919	\$ 10,000 0	DI CIVIC & HUMAN SERVICES
Bartow Cumberland Presbyterian	1078 Cass White Road NE Cartersville, GA 30121	Code 6	\$ 5,325 0	D FAITH & RELIGION
Bartow Cumberland Presbyterian	1078 Cass White Road NE Cartersville, GA 30121	Code 6	\$ 5,325 0	0 FAITH & RELIGION
Bartow Cumberland Presbyterian	1078 Cass White Road NE Cartersville, GA 30121	Code 6	\$ 5,325 0	0 FAITH & RELIGION
Bartow Cumberland Presbyterian	1078 Cass White Road NE Cartersville, GA 30121	Code 6	\$ 5,325 0	0 FAITH & RELIGION
Bartow Health Access	550 Martin Luther King Jr Cartersville, GA 30120	20-8092710	\$ 5,000 0	Medication Assistance Program

Bartow Health Access	550 Martin Luther King Jr Cartersville, GA 30120	20-8092710	\$ 5,000 00	Medication Assistance Program
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 2,500 00	At Risk Youth Career Development
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 1,000 00	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 2,500 00	Friends of Scouting
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 1,000 00	Friends of Scouting
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 1,000 00	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 2,500 00	Career & Workforce Development
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	\$ 100 00	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest	Georgia Council P O Box 1422 □Rome, GA 30162	22-1576300	\$ 2,120 00	Close Out
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 5,000 00	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 5,000 00	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 1,100 00	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 2,200 00	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 1,000 00) Golf Tournament
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 500 0	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and	Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	\$ 12,500 0	O YOUTH DEVELOPMENT

Center Valley United Methodist Church	5394 Highway 225 North Chatsworth, GA 30705	Code 6	\$ 5,000 00	FAITH & RELIGION
Christian Hentage School	P O Box 2066 Dalton, GA 30722	58-1646772	\$ 5,000 00	Scholarship
Christian Hentage School	P O Box 2066 Dalton, GA 30722	58-1646772	\$ 5,000 00	LEARNING & EDUCATION
Christian Heritage School	P O Box 2066 Dalton, GA 30722	58-1646772	\$ 25,000 00	Restricted for Use to Teacher Salaries per Donor
Conasauga Kidney Care	PO Box 631 Dalton, GA 30722-0631	58-1883773	\$ 6,000 00	CIVIC & HUMAN SERVICES
Conasauga Kidney Care	PO Box 631 Dalton, GA 30722-0631	58-1883773	\$ 250 00	CIVIC & HUMAN SERVICES
Creative Arts Guild	P O Box 1485 Dalton, GA 30722	58-6046790	\$ 500 00	ARTS, CULTURE
Creative Arts Guild	P O Box 1485 Dalton, GA 30722	58-6046790	\$ 5,000 00	ARTS, CULTURE
Creative Arts Guild	P O Box 1485 Dalton, GA 30722	58-6046790	\$ 5,000 00	ARTS, CULTURE
Dalton Education Foundation	P O Box 1408 Dalton, GA 30722	58-1735235	\$ 22,000 00	LEARNING & EDUCATION
Dalton Education Foundation	P O Box 1408 Dalton, GA 30722	58-1735235	\$ 58,000 00	Per request from Jean Lowrey
Dalton Education Foundation	P O Box 1408 Dalton, GA 30722	58-1735235	\$ 500 00	LEARNING & EDUCATION
Dalton State College	650 College Drive GA 30721	58-6067358	\$ 1,250 00	Ashley Lynch-Reece
Daiton State College	650 College Drive Dalton, GA 30721	58-6067358	\$ 1,250 00	Dallas Hair 9
Dalton State College	650 College Drive Dalton, GA 30721	58-6067358	\$ 1,250 00	Holly Shaw 9
Dalton State College	650 College Drive Dalton, GA 30721	58-6067358	\$ 300 00	Breann Sitton
Dalton	650 College Drive Dalton, GA 30721	58-6067358	\$ 1,250 00	Jaron Lee Hollifield ssr
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 5,000 00	Buchanan Family Scholarship
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 100 00	LEARNING & EDUCATION

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Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 10,000 00 Annual Distribution per T Durkan
Dalton State College Foundation	650 N College Drive 30720	58-6067358	\$ 1,250 00 Jessica Langley
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 20,000 00 LEARNING & EDUCATION
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 10,000 00 LEARNING & EDUCATION
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 100,000 00 LEARNING & EDUCATION
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 10,000 00 CIVIC & HUMAN SERVICES
Dalton State College Foundation	650 N College Drive Dalton, GA 30720	58-6067358	\$ 56,000 00 CIVIC & HUMAN SERVICES
Etowah Valley Humane Society	50 Ladd's Mountain Road Cartersville, GA 30120	58-2261919	\$ 10,000 00 CIVIC & HUMAN SERVICES
Etowah Valley Humane Society	50 Ladd's Mountain Road Cartersville, GA 30120	58-2261919	\$ 3,000 00 CIVIC & HUMAN SERVICES
Fellowship of Christian Athletes	PO Box 2414 Dalton, GA 30722	44-0610626	\$ 3,000 00 FAITH & RELIGION
Fellowship of Christian Athletes	PO Box 2414 Dalton, GA 30722	44-0610626	\$ 20,000 00 FAITH & RELIGION
Fellowship of Christian Athletes	PO Box 2414 Dalton, GA 30722	44-0610626	\$ 5,000 00 FAITH & RELIGION
Fellowship of Christian Athletes	PO Box 2414 Dalton, GA 30722	44-0610626	\$ 500 00 FAITH & RELIGION
FH-Goizueta Foundation	PO Box 794 Dalton, GA 30722	58-0863878	\$ 5,197 00 FY 08 Endowment Distribution
First Baptist Church	P O Box 827 Dalton, GA 30722	58-0633979	\$ 12,000 00 FAITH & RELIGION
First Presbytenan Church	510 S Tibbs Road Dalton, GA 30720	58-0603144	\$ 59,000 00 FAITH & RELIGION
First Presbyterian Church	510 S Tibbs Road Dalton, GA 30720	58-0603144	\$ 5,000 00 FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 5,000 00 FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 5,000 00 Mail Check to Hal & Brenda
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 4,500 00 \$4000 - Reduce Debt \$500 Doc-Up

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First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 2,500 00	FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 3,000 00	FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 20,000 00	FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 9,000 00	FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 10,000 00	FAITH & RELIGION
First United Methodist Church	P O Box 627 Dalton, GA 30722	58-0610064	\$ 3,000 00	
Friendship House	P O Box 794 Dalton, GA 30722	58-0863878	\$ 1,000 00	LEARNING & EDUCATION
Friendship House	P O Box 794 Dalton, GA 30722	58-0863878	\$ 9,065 00	FY08 Endowment Distribution
Friendship House	P O Box 794 Dalton, GA 30722	58-0863878	\$ 1,500 00	LEARNING & EDUCATION
Friendship House	P O Box 794 Dalton, GA 30722	58-0863878	\$ 1,000 00	LEARNING & EDUCATION
Friendship House	P O Box 794 Dalton, GA 30722	58-0863878	\$ 1,000 00	LEARNING & EDUCATION
Georgia Sheriff's Youth Homes, Inc	P O Box 1000 Stockbridge, GA 30281	58-1310087	\$ 5,000 00	\$2500-Cherokee Estates \$2500-Mountain View Boys Home
Georgia Sheriff's Youth Homes, Inc	P O Box 1000 Stockbridge, GA 30281	58-1310087	\$ 2,500 00	YOUTH DEVELOPMENT
Georgia Tech Foundation	760 Spring St. NW Suite 400 Atlanta, GA 30308	58-6043294	\$ 25,000 00	For School of Polymer, Textile & Fiber Engineering
Georgia Tech Foundation	760 Spring St. NW Suite 400 Atlanta, GA 30308	58-6043294	\$ 50,000 00	Operational Funds for School of Polymer, Textile & Fiber Engineering
Habitat for Humanity - Pickens County	PO Box 1072 Jasper, GA 30143	58-1753685	\$ 5,000 00	CIVIC & HUMAN SERVICES
Haggaı Institute	P O Box 13 Atlanta, GA 30370	58-0898309	\$ 9,100 00	FAITH & RELIGION
Hillels Of Georgia	732 Gatewood Rd NE Atlanta, GA 30329-4204	58-2051970	\$ 25,000 00	CIVIC & HUMAN SERVICES
Jasper Middle School	339 W Church Street Jasper, GA 30143	58-6000301	\$ 2,000 00	LEARNING & EDUCATION

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Jasper Middle School .	339 W Church Street Jasper, GA 30143	58-6000301	\$ 3,330 00 LEARNING & EDUCATION
Jasper Middle School	339 W Church Street Jasper, GA 30143	58-6000301	\$ 650 00 LEARNING & EDUCATION
Joy House	PO Box 247 Jasper, GA 30143	58-2580518	\$ 18,000 00 CIVIC & HUMAN SERVICES
Joy House	PO Box 247 Jasper, GA 30143	58-2580518	\$ 7,000 00 CIVIC & HUMAN SERVICES
Joy House	PO Box 247 Jasper, GA 30143	58-2580518	\$ 14,000 00 CIVIC & HUMAN SERVICES
Junior Achievement of Georgia, Inc	Northwest Georgia District P O Box 864 411 Mitchell Street Dalton, GA 30722	84-1267604	\$ 5,000 00 Business Hall of Fame Title Sponsor
Life for Children Ministry	6234 Crooked Creek Rd Norcross, GA 30092-3106	58-1546441	\$ 5,000 00 FAITH & RELIGION
Life for Children Ministry	6234 Crooked Creek Rd Norcross, GA 30092-3106	58-1546441	\$ 500 00 Michael Agwanda Building Fund
Looper Speech & Hearing Center	1011 Professional Blvd Dalton, GA 30720	58-1111548	\$ 6,000 00 Computer Lab
Looper Speech & Hearing Center	1011 Professional Blvd Dalton, GA 30720	58-1111548	\$ 2,000 00 COMMUNITY HEALTH
Looper Speech & Hearing Center	1011 Professional Blvd Dalton, GA 30720	58-1111548	\$ 2,000 00 COMMUNITY HEALTH
Looper Speech & Hearing Center	1011 Professional Blvd Dalton, GA 30720	58-1111548	\$ 3,500 00 COMMUNITY HEALTH
Moody Bible Institute	820 North La Salle Boulevard Chicago, IL 60610	Code 6	\$ ·
Northwest Georgia Family Crisis Center	P O Box 554 Dalton, GA 30720	58-1374660	\$ 1,500 00 2009 Holiday Tour of Homes
Northwest Georgia Family Crisis Center	P O Box 554 Dalton, GA 30720	58-1374660	\$ 1,000 00 CIVIC & HUMAN SERVICES
Northwest Georgia Family Crisis Center	P O Box 554 Dalton, GA 30720	58-1374660	\$ 2,500 00 CIVIC & HUMAN SERVICES
Northwest Georgia Healthcare Partnership	P O Box 182 Dalton, GA 30722	58-2043430	\$ 600 00 COMMUNITY HEALTH
Northwest Georgia Healthcare Partnership	P O Box 182 Dalton, GA 30722	58-2043430	\$ 1,500 00 Healthcare Classic 2009
Northwest Georgia Healthcare Partnership	P O Box 182 Dalton, GA 30722	58-2043430	\$ 5,000 00 CIVIC & HUMAN SERVICES

Northwest Georgia Healthcare Partnership	P O Box 182 Dalton, GA 30722	58-2043430	\$ 500 00	LEARNING & EDUCATION
Northwest Georgia Healthcare Partnership	P O Box 182 Dalton, GA 30722	58-2043430	\$ 400 00	LEARNING & EDUCATION
Our Lady of Perpetual Help - Catholic	501 South Moore Rd Chattanooga, TN 37412	62-0481467	\$ 15,000 00	FAITH & RELIGION
Pickens County Middle School	1802 Refuge Road Jasper, GA 30143	58-6000301	\$ 1,650 00	LEARNING & EDUCATION
Pickens County Middle School	1802 Refuge Road Jasper, GA 30143	58-6000301	\$ 8,200 00	Per R Hauenstein telephone conversation 6/24/09
Providence Ministries	PO Box 4598 Dalton, GA 30722	58-1592141	\$ 10,000 00	Building Renovation
Providence Ministries	PO Box 4598 Dalton, GA 30722	58-1592141	\$ 3,000 00	CIVIC & HUMAN SERVICES
Providence Ministnes	PO Box 4598 Dalton, GA 30722	58-1592141	\$ 2,500 00	Women's Residence
Providence Ministries	PO Box 4598 Dalton, GA 30722	58-1592141	\$ 1,000 00	CIVIC & HUMAN SERVICES
Providence Ministries	PO Box 4598 Dalton, GA 30722	58-1592141	\$ 3,000 00	CIVIC & HUMAN SERVICES
Providence Ministnes	PO Box 4598 Dalton, GA 30722	58-1592141	\$ 2,500 00	Food Bank
Reinhardt College	7300 Reinhardt College Circle Waleska, GA 30183	58-0603153	\$ 10,000 00	Annual Student Scholarship
Rockbridge Community Church	100 West Gordon St Dalton, GA 30720	01-0592028	\$ 9,500 00	CALL WHEN READY
Rockbridge Community Church	100 West Gordon St Dalton, GA 30720	01-0592028	\$ 30,000 00	The Next Step
RossWoods Adult Day Services	PO Box 307 Dalton, GA 30722	20-0314596	\$ 10,000 00	CIVIC & HUMAN SERVICES
RossWoods Adult Day Services	PO Box 307 Dalton, GA 30722	20-0314596	\$ 15,000 00	CIVIC & HUMAN SERVICES
RossWoods Adult Day Services	PO Box 307 Dalton, GA 30722	20-0314596	\$ 12,500 00	CIVIC & HUMAN SERVICES
RossWoods Adult Day Services	PO Box 307 Dalton, GA 30722	20-0314596	\$ 20,000 00	
RossWoods Adult Day Services	PO Box 307 Dalton, GA 30722	20-0314596	\$ 5,000 00	Capital Campaign
Salvation Army	P O Box 1463 Dalton, GA 30722	58-0660607	\$ 1,000 00	CIVIC & HUMAN SERVICES

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Salvation Army	P O Box 1463 Dalton, GA 30722	58-0660607	\$	5,000 00	
Salvation Army	P O Box 1463 Dalton, GA 30722	58-0660607	\$	2,500 00	Food Bank
Sonoraville Elementary School	7320 Fairmount Highway Calhoun, GA 30701	58-1541794	\$	10,000 00	LEARNING & EDUCATION
The Georgia Meth Project/The Meth	3625 Cumberland Blvd Suite 980 Atlanta, GA 30339	20-2343265	\$	500 00	COMMUNITY HEALTH
The Georgia Meth Project/The Meth	3625 Cumberland Blvd Suite 980 Atlanta, GA 30339	20-2343265	\$	500 00	COMMUNITY HEALTH
The Georgia Meth Project/The Meth	3625 Cumberland Blvd Suite 980 Atlanta, GA 30339	20-2343265	\$	50,000 00	COMMUNITY HEALTH
The Mission Society for United Methodists	PO Box 922637 Norcross, GA 30010	58-1546441	\$	5,000 00	
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	20,000 00	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	10,000 00	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	27,500 00	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	10,000 00	Alexis deTocqueville Society
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	10,000 00	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	25,000 00	
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	10,000 00	
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	10,000 00	
United Way of Northwest Georgia	P O Box 566 Dalton, GA 30722	58-0905881	\$	15,000 00	
University of Tennessee - Nathan Dougherty	P O Box 15016 Knoxville, TN 37901-5016	62-6001636	\$	5,000 00	LEARNING & EDUCATION
	Intercompany & Operating Fund X-frs			293,337 00	TRANSFERS
	Total Grants		\$ 1	,600,829 00	-

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The Community Foundation of Northwest Georgia **Board of Directors**

As of January 2009 · EIN 58-2360356

Mr. James E. Bethel, Chair

Chief Executive Officer

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Vance D. Bell.

President & Chief Executive Officer

Mail Drop 061-26

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Judy Ellis 706-275-1030 (Office)

Email judy ellis@shawinc.com

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Chief Executive Officer

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