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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 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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial 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 220City or town, state or country, and ZIP + 4
DULUTH, GA 30097**F** Name and address of principal officer: **JUDY WATERS**
SAME AS C ABOVE**D** Employer identification number**58-1557995****E** Telephone number**(770) 813-3380****G** Gross receipts \$ **12,861,024.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates 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: ▶ **HTTP://GFI.ACTX.COM/****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1985** **M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	2	
	6	Total number of volunteers (estimate if necessary)	0	
		7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<8,404.>
b		Net unrelated business taxable income from Form 990-T, line 34	<8,404.>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,735,231.	
	9	Program service revenue (Part VIII, line 2g)	0.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,943.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,845.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,804,019.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,536,568.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	218,547.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,511.	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	767,666.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,522,781.	
	19	Revenue less expenses. Subtract line 18 from line 12	<718,762.>	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	29,131,559.
		21	Total liabilities (Part X, line 26)	3,113,370.
22		Net assets or fund balances. Subtract line 21 from line 20	26,018,189.	
			24,480,135.	

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	<i>Judy Waters</i>	Date	2/3/12
	JUDY WATERS, EXECUTIVE DIRECTOR	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	GREGORY W. HAYES	Preparer's signature	<i>[Signature]</i>
	Firm's name	MOORE STEPHENS TILLER LLC	Date	2-2-12
	Firm's address	1960 SATELLITE BOULEVARD, SUITE 3600 DULUTH, GA 30097	Check if self-employed ☐	PTIN
			Firm's EIN	
			Phone no.	770-995-8800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED FEB 15 2012

g/b
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GEORGIA

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,204,040. including grants of \$ 4,204,040.) (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 in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,204,040.

**COMMUNITY FOUNDATION FOR NORTHEAST
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: OTHER COUNTRY See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**COMMUNITY FOUNDATION FOR NORTHEAST
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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 in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	25	
b Enter the number of voting members included in line 1a, above, who are independent	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	☒	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒
6 Does the organization have members or stockholders?		☒
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		☒
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	☒	
b Each committee with authority to act on behalf of the governing body?	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		☒

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BEVERLY ESTAFEN, DIR. OF FINANCE - (770) 813-3380**
6500 SUGARLOAF PKWY, NO. 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 to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
JOE MCCART PRESIDENT		X		X				0.	0.	0.
TRACEY MASON BLASI VICE PRESIDENT		X		X				0.	0.	0.
STEVEN W. WILLIAMS TREASURER		X		X				0.	0.	0.
STEPHEN K. HILL SECRETARY		X		X				0.	0.	0.
ETHEL D. ANDERSEN DIRECTOR		X						0.	0.	0.
JULIE KEETON ARNOLD DIRECTOR		X						0.	0.	0.
BEN BOSWELL, JR. DIRECTOR		X						0.	0.	0.
STACEY BRITT DIRECTOR		X						0.	0.	0.
RENEE BYRD-LEWIS DIRECTOR		X						0.	0.	0.
RICHARD B. CHANDLER, JR. DIRECTOR		X						0.	0.	0.
JAMES F. FLEMING DIRECTOR		X						0.	0.	0.
THOMAS P. HUGHES DIRECTOR		X						0.	0.	0.
CHUNG H. LEE, ESQ. DIRECTOR		X						0.	0.	0.
JAMES J. MARAN DIRECTOR		X						0.	0.	0.
WAYNE H. MASON DIRECTOR		X						0.	0.	0.
WILLIAM E. MCCLENDON DIRECTOR		X						0.	0.	0.
BARTOW MORGAN, JR. DIRECTOR		X						0.	0.	0.

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

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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 (describe hours for related organizations in Schedule O)	(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			
JUDITH L. FOWLER OTTLEY DIRECTOR		X						0.	0.	0.
MAXIE PRICE, JR. DIRECTOR		X						0.	0.	0.
WILLIAM RUSSELL, PHD DIRECTOR		X						0.	0.	0.
DAVID M. SEAGO DIRECTOR		X						0.	0.	0.
WILLIAM R. SHORT DIRECTOR		X						0.	0.	0.
MARY LOUISE STARK (RETIRED 2010) DIRECTOR		X						0.	0.	0.
T. MICHAEL TENNANT, ESQ. DIRECTOR		X						0.	0.	0.
RICHARD L. TUCKER DIRECTOR		X						0.	0.	0.
JUDY WATERS EXECUTIVE DIRECTOR	40.00	X		X				121,621.	0.	0.
1b Sub-total								121,621.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								121,621.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form **990** (2010)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3020867.				
	g Noncash contributions included in lines 1a-1f \$		25,427.				
	h Total. Add lines 1a-1f			3020867.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			<1,241,753.>		<45,828.>	<1,195,925.>
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<713,330.>		37,424.	<750754.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a OTHER INCOME		561000	676.			676.
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			676.				
12 Total revenue. See instructions.			1066460.	0.	<8,404.>	<1,946,003.>	

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12-21-10

Form **990** (2010)

COMMUNITY FOUNDATION FOR NORTHEAST

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,204,040.	4,204,040.		
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	121,621.		121,621.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	78,823.		78,823.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,846.		5,846.	
9 Other employee benefits	19,669.		19,669.	
10 Payroll taxes	15,413.		15,413.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	43,892.		43,892.	
12 Advertising and promotion				
13 Office expenses	8,962.		8,962.	
14 Information technology	21,032.		21,032.	
15 Royalties				
16 Occupancy	32,078.		32,078.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,737.		4,737.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,196.		1,196.	
23 Insurance	2,385.		2,385.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DONOR DEVELOPMENT	21,511.			21,511.
b COMMUNICATIONS & PROMOT	9,334.		9,334.	
c DUES & SUBSCRIPTIONS	8,666.		8,666.	
d TAXES, LICENSES & FEES	1,899.		1,899.	
e PRINTING & PUBLICATIONS	1,069.		1,069.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,602,173.	4,204,040.	376,622.	21,511.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	93,838.	1	1,058.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	232,649.		
	10b Less accumulated depreciation	105,312.	128,533.	10c
	11 Investments - publicly traded securities	4,120,261.	11	5,791,506.
	12 Investments - other securities. See Part IV, line 11	24,788,927.	12	21,648,097.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,131,559.	16	27,567,998.	
Liabilities	17 Accounts payable and accrued expenses	2,395.	17	
	18 Grants payable	<300.>	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	3,111,275.	25	3,087,863.
	26 Total liabilities. Add lines 17 through 25	3,113,370.	26	3,087,863.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,774,745.	27	19,176,024.
	28 Temporarily restricted net assets	2,195,042.	28	2,336,610.
	29 Permanently restricted net assets	3,048,402.	29	2,967,501.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,018,189.	33	24,480,135.
	34 Total liabilities and net assets/fund balances	29,131,559.	34	27,567,998.

Form **990** (2010)

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Form 990 (2010)

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Part XI Reconciliation of Net Assets

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

☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,066,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,602,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	<3,535,713.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,018,189.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,997,659.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,480,135.

Part XII Financial Statements and Reporting

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

☒ **X**

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? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 separate basis, consolidated basis, or both: ☒ X Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>2a</td> <td></td> <td align="center">X</td> </tr> <tr> <td>2b</td> <td align="center">X</td> <td></td> </tr> <tr> <td>2c</td> <td align="center">X</td> <td></td> </tr> <tr> <td>3a</td> <td></td> <td align="center">X</td> </tr> <tr> <td>3b</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	2a		X	2b	X		2c	X		3a		X	3b		
	Yes	No																	
2a		X																	
2b	X																		
2c	X																		
3a		X																	
3b																			

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Employer identification number
58-1557995

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule A (Form 990 or 990-EZ) 2010 **GEORGIA**

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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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,370,212.	18,361,231.	6,708,461.	3,735,231.	3,020,867.	36,196,002.
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	4,370,212.	18,361,231.	6,708,461.	3,735,231.	3,020,867.	36,196,002.
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)						15,062,029.
6 Public support. Subtract line 5 from line 4						21,133,973.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,370,212.	18,361,231.	6,708,461.	3,735,231.	3,020,867.	36,196,002.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	574,766.	892,242.	89,556.	557,099.	<1,102,881.>	1,010,782.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	44,803.	7,210.	<53,356.>		<8,404.>	<9,747.>
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	50,100.	110,690.	<10,195.>	23,845.	676.	175,116.
11 Total support. Add lines 7 through 10						37,372,153.
12 Gross receipts from related activities, etc. (see instructions)					12	17,350.

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	56.55	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	56.51	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**Employer identification number
58-1557995**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	129	44
2 Aggregate contributions to (during year)	3,030,377.	172,199.
3 Aggregate grants from (during year)	3,661,571.	106,286.
4 Aggregate value at end of year	19,569,016.	3,087,850.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| ☐ Preservation of land for public use (e.g., recreation or education) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule D (Form 990) 2010

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 are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,757,610.	2,835,199.	3,126,194.		
b Contributions	209,391.	3,323.			
c Net investment earnings, gains, and losses	196,829.	253,910.	<592,775.>		
d Grants or scholarships	<127,831.>	<426,535.>			
e Other expenditures for facilities and programs	500.	<12,000.>	<86,730.>		
f Administrative expenses	<68,998.>	<32,030.>	<38,527.>		
g End of year balance	2,967,501.	2,621,867.	2,408,162.		

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ☐ .00 %
b Permanent endowment ☐ 100.00 %
c Term endowment ☐ .00 %

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		127,337.		127,337.
b Buildings				
c Leasehold improvements		79,406.	79,406.	0.
d Equipment		25,906.	25,906.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				127,337.

Schedule D (Form 990) 2010

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule D (Form 990) 2010

58-1557995 Page **3**

Part VII Investments - Other Securities. 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) COMMON TRUST FUNDS	4,300,493.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIP		
(C) INVESTMENTS	10,547,870.	END-OF-YEAR MARKET VALUE
(D) LIMITED PARTNERSHIP		
(E) ALTERNATIVE INVESTMENTS	6,799,734.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	21,648,097.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) FUNDS HELD UNDER AGENCY/ENDOWMENT	
(3) AGREEMENTS	3,087,863.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	3,087,863.

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

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12-20-10

Schedule D (Form 990) 2010

**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Schedule D (Form 990) 2010

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,066,460.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,602,173.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<3,535,713.>
4	Net unrealized gains (losses) on investments	4	1,984,402.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	13,257.
9	Total adjustments (net). Add lines 4 through 8	9	1,997,659.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<1,538,054.>

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

1	Total revenue, gains, and other support per audited financial statements	1	3,083,045.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,984,402.
b	Donated services and use of facilities	2b	32,183.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,016,585.
3	Subtract line 2e from line 1	3	1,066,460.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	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	1,066,460.

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

1	Total expenses and losses per audited financial statements	1	4,634,356.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	32,183.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	32,183.
3	Subtract line 2e from line 1	3	4,602,173.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	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	4,602,173.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4: HELD AS AGENCY ACCOUNTS FOR VARIOUS LOCAL

NOT-FOR-PROFIT INSTITUTIONS, INCLUDING SCHOOLS.

PART X, LINE 2: THERE ARE NO FIN 48 ISSUES PER THE 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

Part XIV Supplemental Information (continued)

FOUNDATION; THEREFORE, NO TAX EXPENSE OR ACCRUALS ARE INCLUDED IN THE
ACCOMPANYING FINANCIAL STATEMENTS."

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CONVERSION/TRANSFER OF FUND ASSETS BETWEEN RESTRICTED

CATEGORIES 13,257.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Employer identification number

58-1557995

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS		50,000.
CARIBBEAN	0	0	INVESTMENTS		0.
3 a Sub-total	0	0			50,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			50,000.

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

Schedule F (Form 990) 2010

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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[illegible]

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule F (Form 990) 2010

GEORGIA

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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

COMMUNITY FOUNDATION FOR NORTHEAST

Schedule F (Form 990) 2010

GEORGIA

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Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: THIS WAS A ONE-TIME DONATION WHICH WAS RESEARCHED THROUGH ANOTHER TAX -EXEMPT ENTITY, WHO HAS DONE EXTENSIVE RESEARCH THROUGH AN OUTSIDE CONSULTANT REGARDING THE DONEE'S STATUS AS A CHARITABLE ORGANIZATION IN THEIR COUNTRY OF RESIDENCE. THIS ALSO INCLUDES FOLLOW-UP ON THE USE OF THE FUNDS RECEIVED BY THE DONEE. THE OTHER TEO MAKES ITS FINDINGS AVAILABLE TO POTENTIAL DONORS BY PHONE. AFTER SPEAKING WITH THE OTHER TEO, THE COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA DECIDED TO MAKE THE DONATION DIRECTLY TO THE DONEE RATHER THAN GOING THROUGH THE OTHER TEO.

PART II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO SUPPORT THE RECIPIENT'S WORLDWIDE WORK FOR CHILDREN WITH METABOLIC DISEASES.

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

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

► **Attach to Form 990.**

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?

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any
----------------	--

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Schedule I (Form 990) (2010)

COMMUNITY FOUNDATION FOR NORTHEAST

GEORGIA

Schedule I (Form 990) (2010)

58-1557995

Page 2

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

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

Part IV **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: 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 M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

2010**Open to Public
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► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

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	1	25,427.	NATL. EXCHANGE LISTI
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 IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Employer identification number
58-1557995

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIPS:

TRACEY MASON BLASI - DIRECTOR & VICE PRESIDENT

WAYNE H. MASON - DIRECTOR

MR. MASON IS MRS. BLASI'S UNCLE

BUSINESS RELATIONSHIPS:

THE BOARD OF DIRECTORS IS COMPOSED OF BUSINESS, GOVERNMENT, AND COMMUNITY

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization **COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

Employer identification number
58-1557995

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 11: PRIOR TO FILING, THE FORM 990 IS
PRESENTED TO THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE FOR THEIR
APPROVAL BY THE CPA FIRM THAT PREPARED THE RETURN. IT IS THEN PRESENTED TO
THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR OR THE DIRECTOR OF
FINANCE, 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.
THE SALARY FOR EACH EMPLOYEE IS THEN APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND INTERNAL
POLICIES ARE GIVEN TO EMPLOYEES WHEN THEY ARE HIRED BY THE ORGANIZATION AND

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

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 XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,984,402.

CONVERSION/TRANSFER OF FUND ASSETS BETWEEN RESTRICTED

CATEGORIES 13,257.

TOTAL TO FORM 990, PART XI, LINE 5 1,997,659.

FORM 990, PART XI, LINE 2C:

THE AUDIT REVIEW PROCESS BY THE BOARD OF DIRECTORS HAS NOT CHANGED
SINCE THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010
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" to Form 990, Part IV, line 33)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) 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) 2010

λ	λ^2	λ^3	λ^4	λ^5	λ^6	λ^7	λ^8	λ^9	λ^{10}	λ^{11}	λ^{12}	λ^{13}	λ^{14}	λ^{15}	λ^{16}	λ^{17}	λ^{18}	λ^{19}	λ^{20}	
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	4	8	16	32	64	128	256	512	1024	2048	4096	8192	16384	32768	65536	131072	262144	524288	1048576	2097152
3	9	27	81	243	729	2187	6561	19683	59049	177147	531441	1594323	4782969	14348907	43046721	129139161	387430483	1162291449	3486874347	10460623041
4	16	64	256	1024	4096	16384	65536	262144	1048576	4194304	16777216	67108864	268435456	1073743872	4294967040	17180864000	68719436800	271735168000	1074936704000	4294967040000
5	25	125	625	3125	15625	78125	390625	1953125	9765625	48828125	244140625	1220703125	6103515625	30517578125	152587890625	762939453125	3814697265625	19073486328125	95367431640625	476837158203125
6	36	216	1296	7776	46656	279936	1679616	10077696	60466176	362793024	2176778112	13060668672	78364012032	470184072192	2821104433184	16926626600128	101559759600896	609358557605376	3656151345632256	21936908073793536
7	49	343	2401	16807	117649	823543	5724253	39943521	277682569	1943887993	13607105953	95259741671	666818191697	4668727341879	32681091393153	228767639752071	1601373478264597	11209614347852179	78467300434965253	549271103044756771
8	64	512	4096	32768	262144	2097152	16777216	134217728	1073743872	8589934592	68719436800	549271103040	4394168824320	35153350594560	281226804756480	2250000000000000	18000000000000000	144000000000000000	1152000000000000000	9216000000000000000
9	81	729	6561	59049	531441	4782969	43046721	387430483	3486874347	31381070611	282393647493	2541542827437	22873885446931	205864969022379	1852784721201411	16675062490812699	150075562417314291	1350680061755828619	12156120555802457571	10940508500222211813
10	100	1000	10000	100000	1000000	10000000	100000000	1000000000	10000000000	100000000000	1000000000000	10000000000000	100000000000000	1000000000000000	10000000000000000	100000000000000000	1000000000000000000	10000000000000000000	100000000000000000000	1000000000000000000000

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

	(1)	(2)	(3)	(4)	(5)	(6)
1. <i>Year</i>						
2. <i>Age</i>						
3. <i>Gender</i>						
4. <i>Marital status</i>						
5. <i>Education</i>						
6. <i>Occupation</i>						
7. <i>Income</i>						
8. <i>Health</i>						
9. <i>Religion</i>						
10. <i>Political affiliation</i>						
11. <i>Family size</i>						
12. <i>Home ownership</i>						
13. <i>Auto ownership</i>						
14. <i>Travel frequency</i>						
15. <i>Travel mode</i>						
16. <i>Travel purpose</i>						
17. <i>Travel satisfaction</i>						
18. <i>Travel frequency</i>						
19. <i>Travel mode</i>						
20. <i>Travel purpose</i>						
21. <i>Travel satisfaction</i>						
22. <i>Travel frequency</i>						
23. <i>Travel mode</i>						
24. <i>Travel purpose</i>						
25. <i>Travel satisfaction</i>						
26. <i>Travel frequency</i>						
27. <i>Travel mode</i>						
28. <i>Travel purpose</i>						
29. <i>Travel satisfaction</i>						
30. <i>Travel frequency</i>						
31. <i>Travel mode</i>						
32. <i>Travel purpose</i>						
33. <i>Travel satisfaction</i>						
34. <i>Travel frequency</i>						
35. <i>Travel mode</i>						
36. <i>Travel purpose</i>						
37. <i>Travel satisfaction</i>						
38. <i>Travel frequency</i>						
39. <i>Travel mode</i>						
40. <i>Travel purpose</i>						
41. <i>Travel satisfaction</i>						
42. <i>Travel frequency</i>						
43. <i>Travel mode</i>						
44. <i>Travel purpose</i>						
45. <i>Travel satisfaction</i>						
46. <i>Travel frequency</i>						
47. <i>Travel mode</i>						
48. <i>Travel purpose</i>						
49. <i>Travel satisfaction</i>						
50. <i>Travel frequency</i>						
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52. <i>Travel purpose</i>						
53. <i>Travel satisfaction</i>						
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57. <i>Travel satisfaction</i>						
58. <i>Travel frequency</i>						
59. <i>Travel mode</i>						
60. <i>Travel purpose</i>						
61. <i>Travel satisfaction</i>						
62. <i>Travel frequency</i>						
63. <i>Travel mode</i>						
64. <i>Travel purpose</i>						
65. <i>Travel satisfaction</i>						
66. <i>Travel frequency</i>						
67. <i>Travel mode</i>						
68. <i>Travel purpose</i>						
69. <i>Travel satisfaction</i>						
70. <i>Travel frequency</i>						
71. <i>Travel mode</i>						
72. <i>Travel purpose</i>						
73. <i>Travel satisfaction</i>						
74. <i>Travel frequency</i>						
75. <i>Travel mode</i>						
76. <i>Travel purpose</i>						
77. <i>Travel</i>						

000160	12 31 10	38	Schedule D (Form 000) 2010
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**COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**

58-1557995 Page 3

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	HUDGENS SUPPORTING FOUNDATION, INC.	C	25,000.	CASH GIFT
(2)				
(3)				
(4)				
(5)				
(6)				

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)

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010		GEOGRAPHIC AREA	
Part VII	Supplemental Information		

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

SCHEDULE I: DETAIL OF GRANTS PAID

Community Foundation for Northeast Georgia, Inc.
December 31, 2010

Grantee	Grant Date	Granted
Rainbow Village, Inc.	11/5/2010	1,000,000.00
The Hope Clinic	3/16/2010	500,000.00
Gwinnett Medical Center Foundation	8/17/2010	400,000.00
Gwinnett Medical Center Foundation	1/5/2010	150,000.00
Gwinnett Medical Center Foundation	12/13/2010	150,000.00
Children's Healthcare of Atlanta Foundation	12/16/2010	150,000.00
Polk School District	10/11/2010	97,375.00
First Baptist Church Of Lagrange	1/5/2010	50,000.00
The IMPACT Group	6/25/2010	50,000 00
Polk County	8/30/2010	50,000 00
Annandale at Suwanee, Inc.	10/27/2010	50,000.00
Greater Atlanta Christian School	12/13/2010	50,000.00
The Salvation Army	12/16/2010	50,000.00
Polk County Women's Shelter d/b/a Our House	10/13/2010	47,466.90
The Dallas S. Hudgens Fund	10/31/2010	45,314 91
The Jacqueline Casey Hudgens Fund	10/31/2010	45,314 91
The Michael S. Hudgens Fund	10/31/2010	45,314.90
First Baptist Church Of Lagrange	4/20/2010	35,000 00
Polk School District	5/27/2010	33,519 77
Bartow Morgan Family Fund Interfund	8/3/2010	31,579.00
Duluth High School Scholarship Fund	3/22/2010	30,000.00
Hampden-Sydney College	6/28/2010	28,500.00
The Jackson Jnright Charitable Foundation	1/31/2010	27,678.42
The IMPACT Group	1/7/2010	25,000 00
The IMPACT Group	1/27/2010	25,000.00
The IMPACT Group	3/8/2010	25,000.00
The IMPACT Group	3/11/2010	25,000 00
The IMPACT Group	4/7/2010	25,000 00
The IMPACT Group	4/20/2010	25,000.00
The IMPACT Group	4/23/2010	25,000.00
The IMPACT Group	4/30/2010	25,000 00
The IMPACT Group	5/11/2010	25,000.00
The IMPACT Group	5/27/2010	25,000.00
The IMPACT Group	5/28/2010	25,000.00
The IMPACT Group	6/15/2010	25,000.00
The IMPACT Group	6/23/2010	25,000 00
The IMPACT Group	6/29/2010	25,000.00
The IMPACT Group	7/29/2010	25,000.00
Aurora Theatre, Inc	8/17/2010	25,000.00
The IMPACT Group	8/19/2010	25,000.00
The IMPACT Group	9/7/2010	25,000.00
The IMPACT Group	10/11/2010	25,000 00
The IMPACT Group	10/27/2010	25,000.00
Holy Cross Anglican Church	10/29/2010	25,000.00
The IMPACT Group	12/3/2010	25,000.00
Peachtree Christian Hospice	12/16/2010	25,000.00
The IMPACT Group	12/21/2010	25,000.00
High Museum of Art	4/27/2010	15,000.00
The IMPACT Group	4/1/2010	13,095.00

SCHEDULE I: DETAIL OF GRANTS PAID

Community Foundation for Northeast Georgia, Inc.
December 31, 2010

Grantee	Grant Date	Granted
The IMPACT Group	8/10/2010	13,000 00
Gwinnett Parks Foundation	9/21/2010	11,509 44
Gwinnett Medical Center Foundation	1/5/2010	10,000.00
C3 Missions International, Inc.	1/22/2010	10,000.00
Gwinnett Tech Foundation, Inc.	2/8/2010	10,000.00
Georgia Gwinnett College Foundation	2/8/2010	10,000.00
Georgia Lions Lighthouse Foundation, Inc.	2/15/2010	10,000.00
Gwinnett Children's Shelter, Inc	4/7/2010	10,000.00
Gwinnett Medical Center Foundation	4/15/2010	10,000.00
Gwinnett Tech Foundation, Inc.	4/15/2010	10,000.00
Gwinnett Environmental & Heritage Center	4/15/2010	10,000 00
Gwinnett Community Symphony Orchestra	4/15/2010	10,000.00
Lawrenceville Cooperative Ministry, Inc	8/17/2010	10,000.00
Gwinnett Environmental & Heritage Center	9/1/2010	10,000.00
Gwinnett Medical Center Foundation	10/6/2010	10,000.00
First Baptist Church Of Lagrange	10/22/2010	10,000.00
Amigos for Christ	10/27/2010	10,000.00
George Walton Academy	11/19/2010	10,000.00
Georgia Gwinnett College Foundation	11/18/2010	10,000.00
Camp Twin Lakes, Inc.	12/16/2010	10,000.00
Gwinnett Medical Center Foundation	12/21/2010	10,000.00
The IMPACT Group	12/28/2010	10,000.00
Haggai Institute Leadership Training, Inc.	6/24/2010	9,200.00
Haggai Institute Leadership Training, Inc	12/29/2010	9,200.00
Aurora Theatre, Inc	2/15/2010	6,000.00
Polk County	4/22/2010	6,000.00
Camp Twin Lakes, Inc.	4/15/2010	5,900.00
Supporting Adoption & Foster Families Togethe	4/15/2010	5,800.00
Georgia Rotary Student Program, Inc.	10/21/2010	5,545.00
HomeAid Atlanta	1/5/2010	5,322.35
Lawrenceville Tourism & Trade Association	3/5/2010	5,000.00
Foster Children's Foundation, Inc	4/1/2010	5,000.00
Georgia Gwinnett College Foundation Interfund	4/12/2010	5,000 00
Atlanta Legal Aid	4/15/2010	5,000.00
Aurora Theatre, Inc.	4/15/2010	5,000.00
Creative Enterprises, Inc.	4/15/2010	5,000.00
Gwinnett Community Clinic	4/15/2010	5,000.00
Computers for Youth-Atlanta	4/15/2010	5,000.00
Dream House for Medically Fragile Children	4/15/2010	5,000.00
Good Samaritan Health Center of Gwinnett	4/15/2010	5,000.00
Gwinnett County Public Schools Foundation	4/15/2010	5,000.00
Rainbow Village, Inc.	4/15/2010	5,000.00
The Sheltering Arms	4/15/2010	5,000 00
The Salvation Army	4/15/2010	5,000 00
Gwinnett Village Community Alliance	4/15/2010	5,000.00
Lilburn Cooperative Ministry	4/15/2010	5,000.00
University System of GA Foundation	5/21/2010	5,000.00
Kennesaw State University	6/4/2010	5,000.00
Georgia College and State University	7/28/2010	5,000.00

SCHEDULE I: DETAIL OF GRANTS PAID**Community Foundation for Northeast Georgia, Inc.
December 31, 2010**

Grantee	Grant Date	Granted
Georgia Southern University	8/9/2010	5,000.00
Aurora Theatre, Inc.	8/10/2010	5,000.00
Georgia Institute of Technology	8/17/2010	5,000 00
Georgia State University	8/19/2010	5,000.00
University of Georgia	9/10/2010	5,000 00
Georgia Tech Foundation, Inc.	10/5/2010	5,000.00
Gwinnett Council for the Arts	10/5/2010	5,000.00
Must Ministries	11/18/2010	5,000.00
Youth Reach	11/29/2010	5,000.00
Adjustment removing a Carryover from Prior Year	12/31/2010	-8,595.60
		4,154,040 00

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA	Employer identification number 58-1557995
	Number, street, and room or suite no. If a P.O. box, see instructions. 6500 SUGARLOAF PKWY, NO. 220	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, GA 30097	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BEVERLY ESTAFEN, DIR. OF FINANCE

- The books are in the care of ► **6500 SUGARLOAF PKWY, NO. 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 EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.
LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA		Employer identification number 58-1557995
	Number, street, and room or suite no. If a P.O. box, see instructions 6500 SUGARLOAF PKWY, NO. 220		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, GA 30097		

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BEVERLY ESTAFEN, DIR. OF FINANCE

- The books are in the care of **6500 SUGARLOAF PKWY, NO. 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 EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**
- 5 For calendar year **2010**, or other tax year beginning , and ending .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
THE TAXPAYER IS STILL WAITING FOR INFORMATION THAT IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Beverly Estafen** Title **CFA** Date **8/9/11**

Form 8868 (Rev. 1-2011)