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Department of the Treasury Internal Revenue Service

EXTENSION GRANTED TO NOVEMBER 15, 2014

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

A	For the	2013 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization THE COMMUNITY FOUNDATION OF N	ORTHWEST		D Employer identific	eation number
	Addres					
	Name change	Doing Business As			58-23	360356
	Initial return Termin- ated	Number and street (or P.0. box if mail is not delivered to street P.O. BOX 942	address)	Room/suite	E Telephone number (706) 275-9117
Ē	Amend return		n postal code	<u> </u>	G Gross receipts \$	17,564,603.
	Applica				H(a) Is this a group re	tum
	pendin	F Name and address of principal officer RANDY THOM 219 BATES ROAD, CARTERSVILLE,	MPSON GA 3012	0	for subordinates' H(b) Are all subordinates in	
$\overline{}$	Tax-exe	mpt status: X 501(c)(3)		or 527	1 ' '	list. (see instructions)
J	Website	WWW.COMMUNITYFOUNDATIONNWGA.C			H(c) Group exemption	,
		organization: X Corporation Trust Association	Other -	L Year	of formation: 1998 M	State of legal domicile: GA
		Summary				
_	1 6	Briefly describe the organization's mission or most significant ac	ctivities: TO S	ERVE T	HE NEEDS OF	THE
Governance	ן ו	NORTHWEST GEORGIA REGION AND TO	BENEFIT	AND PR	OMOTE THE W	ELL BEING
r.	2 0	Check this box	erations or dispo	sed of more	than 25% of its net as	sets.
Š	s	Number of voting members of the governing body (Part VI, line			3	14
	4 1	Number of independent voting members of the governing body	•	•	4	13
Activities &		otal number of individuals employed in calendar year 2013 (Pa	•		5	3
ij		otal number of volunteers (estimate if necessary)	,		6	80
ફ		otal unrelated business revenue from Part VIII, column (C), line	: 12		7a	0.
ď	1	Net unrelated business taxable income from Form 990-T, line 32	and the same of th	Mala	7b	0.
_					Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			m3,180,293.	9,575,638.
Revenue	9 1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	SI Sold	3 130 H	<u>ن</u> 0.	0.
Š	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2		1 ,450,996.	1,061,500.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			277,029.	290,863.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, coli	(1 1) (1 // (1) (1		4,908,318.	10,928,001.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			2,875,777.	3,138,656.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s		Salaries, other compensation, employee benefits (Part IX, colum	nn (A), lines 5-10)		233,600.	255,605.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	···· (,, ···· · · · ,		0.	0.
pe	h	Fotal fundraising expenses (Part IX, column (D), line 25)	71,7	86.		:
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			487,992.	495,996.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A)	line 25)		3,597,369.	3,890,257.
		Revenue less expenses Subtract line 18 from line 12	,, = = ,		1,310,949.	7,037,744.
or or	3	TOTOTICO ON PATIENCE CARRIED TO THE TOTOTIC CONTROL OF THE TOTOTIC CONTROL OT THE TOTOTIC CONTROL OF THE TOTOTIC CONTROL OT THE TOTOTIC C		Be	ginning of Current Year	End of Year
Sign	20	Fotal assets (Part X, line 16)			23,452,320.	32,301,848.
ASS	21	Fotal liabilities (Part X, line 26)	•		795,471.	690,818.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20			22,656,849.	31,611,030.
P	art II	Signature Block				
		ties of perjury, I declare that I have examined this return, including acco	mpanying schedule	es and statem	ents, and to the best of my	y knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on				
	_					r 13, 2014
Sig	ո	Signature of officer			Date	
He		N DAVID AFT, EXECUTIVE DIRECTOR	З.			
		Type or print name and title				
_		Print/Type preparer's name Preparer's sig	nature		Date Check	PTIN
Pa	id		FINGERLE	lo	8/27/14 of self-employe	P00971894
	eparer	Firm's name MAULDIN & JENKINS			Firm's EIN	<u> </u>
	e Only	Firm's address 537 MARKET STREET, SUI	TE 300			
	•	CHATTANOOGA, TN 37402-			Phone no.42	3-756-6133
Ma	v the IF	S discuss this return with the preparer shown above? (see inst				X Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2013)

	1990 (2013) GEORGIA, INC.	58-2360356	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	TO SERVE THE NEEDS OF THE NORTHWEST GEORGIA REGION AND	TO BENEFIT A	AND
	PROMOTE THE WELL BEING OF VARIOUS COMMUNITIES SERVED BY		
	FROMOTE THE WELL BEING OF VARIOUS COMMONTTIES SERVED BI	THE TOOKDAY	1014
2	Did the organization undertake any significant program services during the year which were not listed on		F==-
	the prior Form 990 or 990-EZ?	LYes	No X
	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?	? Tyes	X No
	If "Yes," describe these changes on Schedule O.	•	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	e massured by evnense	20
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses,	, and
	revenue, if any, for each program service reported.		060
4a	(Code) (Expenses \$ 3,242,033. including grants of \$ 3,138,656.) (Rever	nue \$ 290	,863. ₎
	TO SERVE THE NEEDS OF THE NORTHWEST GEORGIA REGION AND		
	PROMOTE THE WELL BEING OF VARIOUS COMMUNITIES SERVED BY	THE FOUNDAT	CION.
4h	(Code) (Expenses \$	nue \$	
	//Library // // // // // // // // // // // // //	100 \$	
			 -
			
			
4c	(Code) (Expenses \$) (Rever	nue \$)
			-
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$	١	
40	2 0/0 033		
_ <u>4e</u>	Total program service expenses 3, 242, 033.		000

Form 990 (2013) GEORGIA, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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	ľ		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	х	- 21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.5
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_		
		Form	990	(2013)

Form 990 (2013) GEORGIA, INC. Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			₩.
_	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_
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):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
3 0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		-
J J	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l <u>. </u>
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O		<u> </u>	(0015)
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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and 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 2a 3			:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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, secunties account, or other financial account)?	4a		<u> </u>
þ	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		• • ·
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ca		
-	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		<u> </u>
þ	If "Yes," Indicate the number of Forms 8282 filed during the year			
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	 ,
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		,
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			;
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			. :
11	Section 501(c)(12) organizations. Enter			1
a	Gross income from members or shareholders			1
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			i
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			'
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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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Form 990 (2013) GEORGIA, INC. 58-2360356 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	·	6		X
6	Did the organization have members or stockholders?	0		 ^
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_▼
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	ł
a	The governing body?	8a	X	├
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		Ų.
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		├─
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	· · · ·	12a	X	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3.5	
	ın Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ئے ۔۔۔ ا
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
þ	Other officers or key employees of the organization	15b		X
	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			د ا
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l '
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►GA	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨	-	
	DAVID AFT - (706)275-9117			
	714 THORNTON AVENUE, DALTON, GA 30720			

58-2360356

Page 7

Form 990 (2013) GEORGIA, INC. 58-23 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

Comparison Com	(A)	(B)	(C) Position (do not check more than one box, unless person is both an						(D)	(E)	(F)	
1	Name and Title	hours per						h an	compensation	compensation	amount of	
1.00 X		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	_	from the organization and related	
C2	• •	1.00	,									
CHAIR, AUDIT COMMITTEE	- · · · · · · · · · · · · · · · · · · ·	1 00	A		_	├-	⊢	ļ	0.	U •	U •	
(3) JAMES E. BETHEL		1.00	v			ł			٥	ا م	_ ا	
DIRECTOR		1.00	1	_	\vdash	⊢	┢	\vdash		0.		
(4) LINDA BLACKMAN		1100	$ \mathbf{x} $			1			ο.	0.	0.	
CHAIR, NOMINATIONS COMMITTEE		1.00				\vdash	\vdash	-	•			
Charr	CHAIR, NOMINATIONS COMMITTEE	-	x						0.	0.	0.	
Column C	(5) ED BRUSH	1.00				Г				- "		
DIRECTOR	CHAIR, CARTERSVILLE-BARTOW FUND		Х			L			0.	0.	0.	
Chair Investment Committee	(6) TOM BUNDROS	1.00										
CHAIR, INVESTMENT COMMITTEE			X			匚			0.	0.	0.	
(8) BILL DAVIES		1.00	l									
DIRECTOR		1 00	X	_		╙			0.	0.	0.	
1.00 DIRECTOR	• •	1.00	ا ـ ا									
DIRECTOR X		1 00	Α.	_	\vdash	⊢	⊢	┝	0.	0.	U •	
1.00 SHERWOOD JONES		1.00	- V						٥	ا م	٨	
CHAIR, DALTON-WHITFIELD FUND (11) BRYAN MCALLISTER SECRETARY-TREASURER (12) TOM MINOR, IV DIRECTOR (13) STANLEY D. TILLEY DIRECTOR (14) DAVID AFT PRESIDENT X		1.00	Α.	H		⊢	┢	├	· · · · · · · · · · · · · · · · · · ·	· ·	· ·	
1.00 SECRETARY-TREASURER	•	1.00	$ \mathbf{x} $						٥.	0.	l o.	
SECRETARY-TREASURER		1.00		_		H	┢┈	-			-	
1.00 DIRECTOR			x						0.	0.	0.	
DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0.	(12) TOM MINOR, IV	1.00	t									
DIRECTOR	DIRECTOR	-	x				1		0.	0.	0.	
(14) DAVID AFT PRESIDENT X 138,350. 0. 18,923.	(13) STANLEY D. TILLEY	1.00										
PRESIDENT X 138,350. 0. 18,923.	DIRECTOR		Х			L			0.	0.	0.	
	(14) DAVID AFT	40.00								_		
	PRESIDENT			_	X	\vdash			138,350.	0.	18,923.	
			-		_	_						
					_	L						

Form	THE COMMU		I UC	ND?	AT]	101	1 (OF	NORTHWEST	58-2	360	356	P	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees. Kev Em	olov	ees	. and	d Hi	ahe	st C	Compensated Employe	es (continued)				<u> </u>
	(A)	(B)			((J		(D)	(E)			(F)	
	Name and title	Average			Pos	ition			Reportable	Reportable	_	F	etimate	ha
	rumo ana mo	hours per			heck (compensation	compensation			nount	
		week			id a d				from	from relate		-	other	٠.
		(list any	ctor						the	organization	าร	com	pensa	tion
		hours for	r dire				뮵		organization	(W·2/1099·MI	SC)	fı	rom th	е
		related	tee o	ustee			ensat		(W·2/1099·MISC)			org	anızat	ion
		organizations	i trus	nal tr		oyee	dw s					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	둉	Key employee	Highest compensated employee	Former				orga	anizatı	ons
		line)	pul	lust	Officer	Key	E Ha	For						
	 													
		<u> </u>		\vdash	\vdash	_	\vdash	\vdash						
		 												
		<u> </u>						\vdash						_
		-						1						
	· ·			\vdash	Н		\vdash	┝			-			
	-	<u></u>		\vdash	Н		\vdash	-						
								ŀ						
		<u> </u>		L	l		Ш	<u> </u>	120 250			- 4		22
	Sub-total .								138,350.		0.		8,9	
	Total from continuation sheets to Part VI	II, Section A							0.		0.		<u> </u>	0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	138,350.		0.	1	8,9	23.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportat	ole			_
	compensation from the organization													
													Yes	No
3	Did the organization list any former officer,		iste	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	le co	omp	ensa	tion	anc	d oth	her compensation from	the organization	1			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X	
5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	from	any	unr	elat	ed organization or indiv	idual for services	s			
	rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or s	u <u>ch</u>	pers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of cor	npens	ation 1	from	
	the organization. Report compensation for	•									,		• •	
	(A)								(B)		<u> </u>	((2)	-
	Name and business	address	NO	INC	3			- 1	Description of s	ervices	C		nsatio	n
								\dashv		<u>-</u>				

(A)
Name and business address
NONE
Description of services
Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2013)

\$100,000 of compensation from the organization

0

GEORGIA, INC. 58-2360356

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under sections 512 - 514 Related or Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and 9,575,638 similar amounts not included above 1f 543,843 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 9,575,638 Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 651,565 651,565, other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Secunties (II) Other 7 a Gross amount from sales of 7,046,537 assets other than inventory b Less cost or other basis 6,636,602 and sales expenses 409,935 c Gain or (loss) 409,935 409,935 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code ADMINISTRATIVE FEE REVENUE 900099 290,863 290,863 11 a All other revenue 290,863 Total, Add lines 11a-11d 10,928,001. 290,863. 1,061,500. Total revenue. See instructions.

Form 990 (2013)

Part VIII

Statement of Revenue

Page 9

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Form 990 (2013) GEORGIA, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the United States. See Part IV, line 21	3,138,656.	3,138,656.		1
2	Grants and other assistance to individuals in		-	-	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				•
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	157,273.	62,909.	47,182.	47,182.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	70 402	7 041	E0 F20	12 004
7	Other salaries and wages	72,483.	7,841.	50,738.	13,904.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	11,238.	2,248.	7 000	1 104
9	Other employee benefits	14,611.	4,225.	7,866.	1,124.
10	Payroll taxes	14,011.	4,225.	6,603.	3,783.
11	Fees for services (non-employees):				
	Management	7,340.	734.	5,872.	734.
	Legal	24,650.	124.	24,650.	/34.
	Accounting Lobbying	24,030.		24,030.	· · · · · ·
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	121,279.		121,279.	
g				202,275	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,444.	2,445.	2,273.	726.
13	Office expenses	2,133.	853.	1,067.	213.
14	Information technology	6,184.	1,052.	4,606.	526.
15	Royalties				
16	Occupancy	12,200.	6,100.	4,880.	1,220.
17	Travel	6,202.	3,721.	1,861.	620.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,072.	2,036.	1,629.	407.
20	Interest _				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	970.	388.	485.	97.
23	Insurance	4,083.		4,083.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOUNDATION ADMINISTRATI	285,252.		285,252.	
þ	MISCELLANEOUS EXPENSE	3,991.	2,991.	1,000.	
c	MEMBERSHIP DUES	3,944.	1,972.	1,578.	394.
d	UTILITIES	2,950.	1,770.	885.	295.
е	All other expenses	5,302.	2,092.	2,649.	561.
25	Total functional expenses. Add lines 1 through 24e	3,890,257.	3,242,033.	576,438.	71,786.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		}	!	
	educational campaign and fundraising solicitation.			İ	
	Check here if following SOP 98-2 (ASC 958-720)				
20204	n 10-20-13				Form 990 (2012)

Part X	Ba	lance	Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	13,949.	2	5,787.
	3	Pledges and grants receivable, net	23,213.	3	14,250
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
l	6	Loans and other receivables from other disqualified persons (as defined under			
ŀ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
I		employers and sponsoring organizations of section 501(c)(9) voluntary			
_Σ		employees' beneficiary organizations (see instr). Complete Part II of Sch L	•	6	-
Assets	7	Notes and loans receivable, net	·	7	5,000,000
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 53,160.			
	b	Less: accumulated depreciation 10b 50,064.	1,452.	10c	3,096
	11	Investments - publicly traded securities	19,715,197.	11	22,905,167
	12	Investments - other securities See Part IV, line 11	3,698,509.	12	4,373,548
	13	Investments · program-related. See Part IV, line 11		13	<u> </u>
	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)	23,452,320.	16	32,301,848
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
<u>.</u>		Complete Part II of Schedule L		22	
⋾	23	Secured mortgages and notes payable to unrelated third parties		23	
ı	24	Unsecured notes and loans payable to unrelated third parties		24	•
l	25	Other liabilities (including federal income tax, payables to related third			
ļ		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	795,471.	25	690,818
	26	Total liabilities. Add lines 17 through 25	795,471.	26	690,818
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	21,122,426.	27	25,138,730
33	28	Temporanly restricted net assets	1,404,681.	28	6,335,932
힐	29	Permanently restricted net assets	129,742.	29	136,368
∄		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.]		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	22,656,849.	33	31,611,030
	34	Total liabilities and net assets/fund balances	23,452,320.	34	32,301,848

Form	990 (2013) GEORGIA, INC.	28-∠	300	<u> </u>	<u>Pag</u>	12 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			4.0	0.0		~ 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 10</u>	, 92	8,0	<u>UI.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 89		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 03		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	,65	6,8	<u>49.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses .	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,91	6,4	<u>37.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	31	<u>,61</u>	<u>1,0</u>	<u>30.</u>
Pa	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X.
			i	-	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Cther					·
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audı	:	-		
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2013)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. THE COMMUNITY FOUNDATION OF NORTHWEST

OMB No 1545-0047

Open to Public Inspection

Name	of the	organizati	on THE COM	MUNITY FOUND	ATION	OF N	ORTHW	EST	E	mployer	identification number
			GEORGIA	, INC.						5	8-2360356
Part	$\sqcap \sqcap$	Reason	or Public Char	ity Status (Ali organiz	ations mu	st complet	e this part	.) See ınst	ructions.		
The org	ganızat	ion is not a	private foundation	because it is (For lines	1 through ⁻	11, check	only one b	ox)			
1 🖺	_ A	church, cor	vention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)			
2	_	•		'0(b)(1)(A)(ii). (Attach Sc							
з□				tal service organization	·-	ın section	170(b)(1)(A)(iii).			
4 [•	•	operated in conjunction				• • •	(b)(1)(A)(ii	i). Enter	the hospital's name.
• –		y, and state	-			,				•	,
5		•		benefit of a college or u	niversity ov	wned or or	perated by	a governr	nental uni	t describ	ed in
• –		_	(b)(1)(A)(iv). (Comple	-			,	- J			
6 <u></u>	_			ent or governmental uni	t described	d in sectio	n 170(h)(1	γαγν.			
7 🗆		•	. •	eives a substantial part					r from the	general	nublic described in
, _		•	b)(1)(A)(vi). (Comple	· · · · · · · · · · · · · · · · · · ·	or its supp	or nom a	govonino	THE GITTE	i iioiii uio	goriorai	pablio docoriboa ii i
8 2				section 170(b)(1)(A)(vi).	(Complete	Part II \					
9 [•		eives: (1) more than 33			rom contri	hutions m	embershi	n fees a	nd aross receints from
3 _		-	=	nctions - subject to certa							
			-	axable income (less sec							-
			509(a)(2). (Complete	· ·	uon on ta	x) IIOIII Du	311103303 6	icquired b	y ti le orga	IIIZation	arter June 30, 1973.
10 	_			perated exclusively to te	et for publ	ic cafety S	Soo coctio	n 500(a)(4	13.		
11	_	-		perated exclusively for the						y out the	nurnoses of ano or
11 -		-		·							
				ations described in secti). See Se C	1011 509(a)(3). On	eck the box that
				organization and compl				_	T	a III. Na	n functionally intograted
_ [a ا				ype III - Fu						n-functionally integrated
e∟				at the organization is not							
_				han one or more publicl						9(a)(1) or	section 509(a)(2).
f				tten determination from	the IHS tha	atitisa iy	ре і, туре	II, or Type	9 111		
			rganization, check th						•	•	<u> </u>
g		•		organization accepted a			=				TV TV
	(i)	•	-	lirectly controls, either a	ione or tog	etner with	persons c	iescribea i	n (II) and (III) Delow	·
		•	• •	upported organization?							11g(i)
		-	•	n described in (i) above?		•					11g(ii)
_	•	•	•	person described in (i)							11g(iii)
h	Pr	ovide the f	ollowing information	about the supported or	ganization	(s).					
					W			6 15	(vi) Is	tho	
		supported	(ii) EIN	(iii) Type of organization	in col. (i) lis	organization	organizat	notify the	organizáti	on in col.	(vii) Amount of monetary
	organiz	ation		(described on lines 1-9 above or IRC section		document?	_ ~	support?	(i) organız U.S	ed in the	support
				(see instructions))							
					Yes	No	Yes	No	Yes	No	
				Ì							
									ļ		
	. .				 						-
							<u></u>		<u></u>		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 GEORGIA, INC. 58-2360356 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,302,704.	1,522,873.	2,078,572.	3,180,293.	9,575,638.	18,660,080.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				<u>.</u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,302,704.	1,522,873.	2,078,572.	3,180,293.	9,575,638.	18,660,080.
5	The portion of total contributions						
	by each person (other than a					 	
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,220,192.
	Public support. Subtract line 5 from line 4						10,439,888.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	2,302,704.	1,522,873.	2,078,572.	3,180,293.	9,575,638.	18,660,080.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	501,880.	446,581.	423,673.	511,236.	651,565.	2,534,935.
9	Net income from unrelated business	}					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	189,457.	223,336.	282,365.	277,029.	290,863.	1,263,050.
11	Total support. Add lines 7 through 10					<u> </u>	22,458,065.
12	•					12	
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here		· ·			
	ction C. Computation of Publ					144	16 10
	Public support percentage for 2013 (column (t))		14	46.49 % 56.37 %
	Public support percentage from 2012				14 00 1/00/	15	
16a	33 1/3% support test - 2013. If the				14 is 33 1/3% or r	nore, check this bo	x and ►X
_	stop here. The organization qualifies		_		11 45 00 4/00		•
t	33 1/3% support test - 2012. If the				i line 15 is 33 1/3%	or more, check tr	IIS DOX
	and stop here. The organization qua				- 40 4040b		
178	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac					it iv now the organ	ization
_	meets the "facts-and-circumstances"					17a and less 45 :-	. P
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t		•				·
40	organization meets the "facts-and-cir		-				
<u>18</u>	Private foundation. If the organization	on did not check a	DOX OF INE 13, 16	a, 100, 17a,011/1		edule A (Form 990	
					SCIR	-aaie w (i.niii 990	U 990-EZ) ZU IS

Schedule A (Form 990 or 990-EZ) 2013 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

000	Mon A. I abile capport						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	ınclude 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 bus-			ı			•
	iness under section 513					1	
4	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to					1	
	or expended on its behalf		,	•			
5	The value of services or facilities]	
-	furnished by a governmental unit to				1	1	
	the organization without charge					1	
6	Total. Add lines 1 through 5						
	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)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
11	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12)	L	L		<u>L</u>	<u> </u>	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organız	ration,
_	check this box and stop here	 					▶∟_
_	ction C. Computation of Publ						
	Public support percentage for 2013 (•	column (f))		15	<u>%</u>
	Public support percentage from 2012					16	<u>%</u>
_	ction D. Computation of Inve				<u>.</u>		
17	Investment income percentage for 20)13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organi	zation	▶
b	33 1/3% support tests - 2012. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	ınızatıon qualıfıes	as a publicly sup	ported organization	▶ <u></u>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	
	22 00 25 12				Sa	hedule A /Form 99	0 ar 000 EZ) 2012

Schedule A (Form 990 or 990 EZ) 2013 GEORGIA, INC.	58-2360356 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	ne 17a or 17b; and Part III, line 12.
	,,,,,
Also complete this part for any additional information. (See instructions).	
	 -

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www urs gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC.

Employer identification number 58-2360356

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
	· - · · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	147	
2	Aggregate contributions to (during year)	3,905,646.	
3	Aggregate grants from (during year)	2,998,055.	-
4	Aggregate value at end of year	14,379,541.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ernng
	impermissible private benefit?		X Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education)	ally 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 quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	• •	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, re	leased, extinguished, or terminated by the orga	anization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		·
8	Does each conservation easement reported on line 2(d) about a service 170(h)(4)(R)(i)2	ve satisfy the requirements of section 170(n)(4)	Yes No
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	ion cocomonto in the revenue and expense stat	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	mons inancial statements that describes the c	organization's accounting to
Pa	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Other	r Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		, p
ь	If the organization elected, as permitted under SFAS 116 (A)		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		g
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial dair	n, provide
_	the following amounts required to be reported under SFAS 1	-	••
а	Revenues included in Form 990, Part VIII, line 1	, , , , , ,	▶ \$
h	Assets included in Form 990. Part X		\$

Sche	dule D (Form 990) 2013 GEORGIA			. <u> </u>		58-23		
Par	3.3							
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	signific	cant use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		nange programs				
þ	Scholarly research	е	U Other	<u>. </u>				
С	Preservation for future generations							
4	Provide a description of the organization's co						: XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or other simil	lar asse	ets	7	
	to be sold to raise funds rather than to be ma						Yes	No_
Par		-	ete if the organization	n answered "Yes" t	o Form	n 990, Part IV, I	ne 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets n	ot inclu	ıded	٦	 1
	on Form 990, Part X?			-		L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		_			
							Amount	
	Beginning balance					1c		
d	Additions during the year				-	1d	· · · · · · · · · · · · · · · · · · ·	
е	Distributions during the year				-	1e		
f	Ending balance				L.	1f	1	
	Did the organization include an amount on F					<u> </u>	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete				_	h		bl.
		(a) Current year	(b) Prior year	(c) Two years back		hree years back		ears back
1a	Beginning of year balance	8,296,360.	6,156,215.	6,429,322		6,089,489.		557,519.
b	Contributions	44 440	1,085,440.	54,847	+	126,686.		231,593.
С	Net investment earnings, gains, and losses	11,112.	1,325,586.	-88,026	-	734,615.		989,797.
d	Grants or scholarships		270,881.	239,928	+	347,830.		512,869.
e	Other expenditures for facilities	0 4 74 604		İ	1			
	and programs	8,171,624.			 	172 620		176 551
f	Administrative expenses	105.010	0.006.360	6 156 015		173,638.		176,551.
g	End of year balance	135,848.	8,296,360.	6,156,215	•	6,429,322.	0,0	089,489.
2	Provide the estimated percentage of the cur	rent year end baland		a)) held as:				
а	Board designated or quasi-endowment	.00_	_%					
b	Permanent endowment ► 100.00	%						
С	Temporanly restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c short							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ind administered to	r the oi	rganization	L.	/ N-
	by:							Yes No X
	(i) unrelated organizations	-					3a(i)	$\frac{\hat{x}}{x}$
	(ii) related organizations						3a(ii)	- ^ -
b	If "Yes" to 3a(ii), are the related organization	•					3b	
4	Describe in Part XIII the intended uses of the		owment funds					
Pa	rt VI Land, Buildings, and Equipm		. D-4 N/ Inc. 44- C	F 000 Dart	V 1	10		
	Complete if the organization answere						(d) Deet	value -
	Description of property	(a) Cost or o			Accun depreci	nulated	(d) Book	value
		basis (investr	nerti) Dasis	(Otriel)	-SPI GOI			
	Land .	ļ						
þ	Buildings			+				
C	Leasehold improvements		 -	3,160.	50	0,064.	3	,096.
	Equipment	-		, , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , ,
<u> </u>	Other	agual Form 000 Part	Y column (P) line:	10(c))				.096.

Schedule D (Form 990) 2013

THE COMMUNI	TY FOUNDATION	OF NORTHWEST		
Schedule D (Form 990) 2013 GEORGIA, IN	C		<u>5</u> 8	-2360356 Page 3
Part VII Investments - Other Securities.	* .			<u> </u>
Complete if the organization answered "Yes"	to Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end	l-of-year market value
(1) Financial derivatives				<u></u>
(2) Closely-held equity interests				
(3) Other				
(A) HEDGE FUNDS	4,373,548.	END-OF-YEAR	MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)	 	_		
(G)		<u>.</u>		
(H) Tatal (Col. (h) must equal Form 000, Port V col. (P) line 12.)	4,373,548.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,3/3,340.	<u> </u>		
Complete if the organization answered "Yes"	to Form 900 Port IV line	110 Soo Form 990 Part V	line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation		
(1)	(4)			
(2)				-
(3)		-		
(4)				
(5)			-	
(6)	<u>.</u>			
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	-			
Complete if the organization answered "Yes"		11d. See Form 990, Part X	, line 15	
(a) l	Description			(b) Book value
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)	- 15 \			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)			
Complete if the organization answered "Yes"	to Form 900 Part IV line	11e or 11f See Form 990	Part Y line 25	
(10)		(b) Book value	rait A, iiile 25.	·
1. (a) Description of liability (1) Federal income taxes		(2, 2001, 10,00		
(2) TRUST LIABILITIES	·	540,715.		
(3) SPLIT-INTEREST AGREEMENTS		150,103.		
(4)				
(5)				
(6)				
(7)				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 690,818. ▶ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(8)

THE COMMUNITY FOUNDATION OF NORTHWEST 58-2360356 Page 4 GEORGIA, INC. Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 12,844,438. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 1,916,437. a Net unrealized gains on investments 2b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) 1,916,437. e Add lines 2a through 2d 2e 10,928,001. Subtract line 2e from line 1 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 4b **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 001. 10,928, Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 3,890,257. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d 20 e Add lines 2a through 2d 3,890,257 3 Subtract line 2e from line 1 3 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 4h b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3,890, Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: EXPLANATION: THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 5 DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH INCOME TAX ACCOUNTING GUIDANCE IN ASC TOPIC 740. THE FOUNDATION RECOGNIZES DEFERRED TAX ASSETS IF IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE TAX POSITION WILL BE REALIZED OR SUSTAINED UPON EXAMINATION. THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH

POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON

332054 09-25-13

Schedule D (Form 990) 2013 GEORGIA, INC.	58-2360356	Page 5
Part XIII Supplemental Information (continued)		
EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING F	ROM TAXING	
AUTHORITIES IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIE	S DEEMED TO	BE
UNRELATED TO THE FOUNDATION® NON-TAXABLE STATUS WOULD NOT H	AVE A MATER	IAL_
EFFECT ON THE FOUNDATIONS FINANCIAL STATEMENTS. WITH FEW E	XCEPTIONS, 1	THE
FOUNDATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY TAX	AUTHORITIES	FOR
YEARS BEFORE 2010.		
	 -	
 		
	<u>.</u>	

Internal Revenue Service SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2013
------------------	------

Open to Public

Inspection

234. 2 _ **Employer identification number** 58-2360356 SEE ATTACHED SCHEDULE (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

THE COMMUNITY FOUNDATION OF NORTHWEST (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 3,138,656. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization GEORGIA, or government SEE ATTACHED SCHEDULE Name of the organization Parti Part II

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) GEORGIA, INC.

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.

Page 2

58-2360356

(f) Description of non-cash assistance									
(book, FMV, appraisal, other)			additional information.		TED AND	RETURN IT TO	IDENTIFICATION NUMBER OF	MADE.	
(d) Amount of non- cash assistance			(b), and any other a		FROM UNRESTRICTED	N FORM AND	DENTIFICAT	SI	
(c) Amount of cash grant			ie 2, Part III, column		GRANTS FROM	COMPLETION	THE TAX	TO WHICH THE GRANT	
(b) Number of recipients			quired in Part I, lin		RECEIVING G	E A GRANT	SCONTAIN		
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	PART I, LINE 2:	XPLANATION: EACH ORGANIZATION REC	ENDOWED FUNDS IS ASKED TO COMPLETE	HE FOUNDATION. ELECTRONIC RECORDS	HE QUALIFIED CHARITABLE ORGANIZATION	

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ➤ See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.urs.gov/form990.

THE COMMUNITY FOUNDATION OF NORTHWEST Employee

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

GEORGIA, INC.

Employer identification number 58-2360356

OMB No 1545-0047

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			١.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		· '
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	additions, and officering the officering the officering and officering the office			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		'	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.		1	
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			1
			ļ.,	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		·	
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ļ	j
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ľ	ľ
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.	ļ		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		
	not described in lines 5 and 6? If "Yes," describe in Part III	7	 	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			١.
	Regulations section 53.4958-6(c)?	9	l	

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

Schedule J (Form 990) 2013

Page 2

58-2360356

GEORGIA, INC.

Schedule J (Form 990) 2013

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

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

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

		(B) Breakdown of W-2	and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(h)(B)	reported as deferred in prior Form 990
(1) DAVID AFT	€ €	138,350.	0	0.0	0	18,923.	157,273.	00
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332112				59			Sched	Schedule J (Form 990) 2013

THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC.

58-2360356

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2013 (
Part III | Supplemental Information

|--|

SCHEDULE M (Form 990)

Noncash Contributions

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 THE COMMUNITY FOUNDATION OF NORTHWEST

Open to Public Inspection

58-2360356 GEORGIA. INC. Types of Property Part I (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 8 Intellectual property 543,843. FAIR MARKET VALUE X 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 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 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

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

Schedule M (Form 990) (2013)

32a

X

contributions?

describe in Part II.

b If "Yes," describe in Part II.

Schedule M	(Form 990) (2013)	GEORGIA,	INC.	58-2360356 Page 2
Part II	Supplemental	Information	Provide the information required by Part I, lines 30b, 32b, and 33 number of contributions, the number of items received, or a comon.	and whether the organization
			-	
-				
	<u> </u>			
	<u></u>			
			<u> </u>	<u> </u>
				<u> </u>

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.

2013
Open to Public

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.us.gov/form990
THE COMMUNITY FOUNDATION OF NORTHWEST Emplo

Employer identification number 58-2360356

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

OF VARIOUS COMMUNITIES SERVED BY THE FOUNDATION.

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

EXPLANATION: FORM 990 IS REVIEWED BY THE ORGANIZATION'S EXECUTIVE DIRECTOR

AND THE AUDIT COMMITTEE AND IS PRESENTED TO THE BOARD OF DIRECTORS BEFORE

IT IS FILED.

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

EXPLANATION: EACH BOARD MEMBER IS ASKED TO SIGN THE CODE OF ETHICS

DISCLOSURE FORM WHICH OUTLINES THE FOUNDATION'S CONFLICT OF INTEREST

POLICIES AND NECESSARY DISCLOSURES. WHEN THE BOARD OF DIRECTORS VOTE ON A

NEW ISSUE THAT MAY PRESENT A CONFLICT OF INTEREST, THE BOARD MEMBERS ARE

REQUIRED TO NOTE ANY CONFLICTS AND THIS IS INCLUDED IN THE MEETING MINUTES.

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

EXPLANATION: THE CEO IS THE ONLY KEY EMPLOYEE. THIS EXECUTIVE COMPENSATION

IS DETERMINED BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS AND IS

BASED ON SKILLS, EXPERIENCE AND COMPARATIVE DATA FROM OTHER SIMILAR

INSTITUTIONS IN THIS GENERAL GEOGRAPHIC REGION.

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST. THIS AVAILABILITY IN NOTED ON THE FOUNDATION'S WEB SITE.

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization THE COMMUNITY FOUNDATION OF NORTHWEST GEORGIA, INC.	Employer identification number 58-2360356
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INVESTMENTS	2,001,863.
CHANGE IN VALUE - SPLIT INTEREST AGREEMENTS	-85,426.
TOTAL TO FORM 990, PART XI, LINE 9	1,916,437.
FORM 990, PART XI, LINE 2C	
EXPLANATION: THE FOUNDATION'S AUDIT COMMITTEE ASSUMES RE	SPONSIBILITY
FOR OVERSIGHT OF THE AUDIT. THE PROCESS HAS NOT CHANGED	FROM PRIOR
YEAR.	
 	

Community Foundation of Northwest Georgia, Inc. EIN 58-2360356

NOT OPEN FOR PUBLIC INSPECTION

Name, address, and zip	EIN	IRC Code Section	Cash Grant	Purpose of Grant
Alzheimer's Association, Georgia Chapter 922 East Morris St Dalton, GA 30721	13-3039601	501(C)(3)	1,000	COMMUNITY HEALTH
Alzheimer's Association, Georgia Chapter 922 East Morris St Dalton, GA 30721	13-3039601	501(C)(3)	3,500	2013 Spring Grant Cycle
Alzheimer's Association, Georgia Chapter 922 East Morris St Dalton, GA 30721	13-3039601	501(C)(3)	1,000	COMMUNITY HEALTH
Alzheimer's Association, Georgia Chapter 922 East Morris St Dalton, GA 30721	13-3039601	501(C)(3)	1,000	Dancing with the Stars 2013
American Cancer Society 200 West Emery St Suite 3 Dalton, GA 30720	02-0651055	501(C)(3)	5,000	In Memory of Anna Sue Shaw
Bartow Cumberland Presbyterian 1078 Cass White Road NE Cartersville, GA 30121	Religious	501(C)(3)	6,002	2nd qtr 2013 distribution
Bartow Cumberland Presbyterian 1078 Cass White Road NE Cartersville, GA 30121	Religious	501(C)(3)	6,002	1st Qtr Dist 2013
Bartow Cumberland Presbyterian 1078 Cass White Road NE Cartersville, GA 30121	Religious	501(C)(3)	6,002	FAITH & RELIGION
Bartow Cumberland Presbyterian 1078 Cass White Road NE Cartersville, GA 30121	Religious	501(C)(3)	6,002	FAITH & RELIGION
Blunt House PO Box 6180 Dalton, GA 30722-6180	58-1264134	501(C)(3)	8,103	FY2013 Endowment

Booth Western Art Museum PO Box 3070 Cartersville, GA 30120	20-1234015	501(C)(3)	1,000	ARTS, CULTURE
Booth Western Art Museum PO Box 3070 Cartersville, GA 30120	20-1234015	501(C)(3)	5,000	ARTS, CULTURE
Booth Western Art Museum PO Box 3070 Cartersville, GA 30120	20-1234015	501(C)(3)	1,000	ARTS, CULTURE
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	1,000	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	5,000	Designated for "First Aid Cabin" ONLY
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	200	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	10,132	Endowment disto FY2013
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	1,000	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest Georgia Council P O Box 1422 BRome, GA 30162	22-1576300	501(C)(3)	500	YOUTH DEVELOPMENT
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	20,000	Health Lodge Renovation
Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	1,000	

Boy Scouts of America - Northwest Georgia Council P O Box 1422 Rome, GA 30162	22-1576300	501(C)(3)	2,500	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	501(C)(3)	1,000	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	501(C)(3)	4,000	YOUTH DEVELOPMENT
Boys & Girls Clubs of Gordon, Murray and Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	501(C)(3)	5,000	Kıd Stock
Boys & Girls Clubs of Gordon, Murray and Whitfield County PO Box 309 Dalton, GA 30722-0309	58-0632795	501(C)(3)	5,000	Attn Jason Finnell
Calhoun City Schools 380 Barrett Road Calhoun, GA 30701	58-1979468	501(C)(3)	150,000	LEARNING & EDUCATION
Cartersville First Presbyterian Church 183 West Main Street Cartersville, GA 30120	Religious	501(C)(3)	50,000	FAITH & RELIGION
Cedartown High School 167 Frank Lott Drive Cedartown, GA 30125	58-6000304	501(C)(3)	190,000	Visitor's Press Box
Cedartown High School 167 Frank Lott Drive Cedartown, GA 30125	58-6000304	501(C)(3)	146,392	RE Band Progarm
Cedartown Middle School 1664 Syble Brannon Parkway Cedartown, GA 30125	58-6000304	501(C)(3)	282,507	Concession/Restrooms/Field House
Center Valley United	Religious	501(C)(3)	5,000	

Methodist Church 5394 Highway 225 North Chatsworth, GA 30705

Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	297	Invoice #127517 Invoice# 127348
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	76	Invoice #123036
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	150	INV# 123713 + \$300 membership fees
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	212	CIVIC & HUMAN SERVICES
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	108	Invoice#123985
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	136	INVOIC #127069
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	126	Invoice #122695
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	128	Invoice #124523
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	229	Invoice #130887
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	2,500	Fall 2013 Grant Cycle
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	572	Invoice #132051 #131171 #131690
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	174	Invoice # 126991-126842

Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	399	INV# 124783 124932 125123
Chattanooga Food Bank 2009 Curtain Pole Rd Chattanooga, TN 37406	62-0867645	501(C)(3)	251	CIVIC & HUMAN SERvices
ChristChurch Presbyterian, Inc 510 Tibbs Road Dalton, GA 30720	Religious	501(C)(3)	30,000	FAITH & RELIGION
ChristChurch Presbyterian, Inc 510 Tibbs Road Dalton, GA 30720	Religious	501(C)(3)	180,000	Per request
Christian Heritage School P O Box 2066 Dalton, GA 30722	58-1646772	501(C)(3)	40,000	Building Excellence Together Capital Campaign
Christian Heritage School P O Box 2066 Dalton, GA 30722	58-1646772	501(C)(3)	50,000	Restricted for Building Fund
Christian Heritage School P O Box 2066 Dalton, GA 30722	58-1646772	501(C)(3)	5,000	CIVIC & HUMAN SERVICES
Christian Heritage School P O Box 2066 Dalton, GA 30722	58-1646772	501(C)(3)	5,000	*Education scholarship
Christian Heritage School P O Box 2066 Dalton, GA 30722	58-1646772	501(C)(3)	100,000	CIVIC & HUMAN SERVICES
City of Cedartown PO Box 65 Cedartown, GA 30125	58-6000535	501(C)(3)	83,750	Walk of Fame Project
City of Cedartown PO Box 65 Cedartown, GA 30125	58-6000535	501(C)(3)	100,000	Little League Project
City of Cedartown PO Box 65 Cedartown, GA 30125	58-6000535	501(C)(3)	500	RE- Cedartown Tree Commission

City of Cedartown PO Box 65 Cedartown, GA 30125	58-6000535	501(C)(3)	70,000	West Theater Renovation
Covenant College 14049 Scenic Highway Lookout Mountain, GA 30750	43-0719506	501(C)(3)	5,000	Dalton Wilberforce Scholarship
Creative Arts Guild 520 West Waugh St Dalton, GA 30722	58-6046790	501(C)(3)	5,000	Spigel Concert Series Fall 2012 Grant Cycle
Creative Arts Guild 520 West Waugh St. Dalton, GA 30722	58-6046790	501(C)(3)	1,000	ARTS, CULTURE
Creative Arts Guild 520 West Waugh St Dalton, GA 30722	58-6046790	501(C)(3)	2,000	Art of Giving Project
Creative Arts Guild 520 West Waugh St. Dalton, GA 30722	58-6046790	501(C)(3)	2,000	ARTS, CULTURE
Creative Arts Guild 520 West Waugh St Dalton, GA 30722	58-6046790	501(C)(3)	1,000	50th Anniversary Campaign
Dalton Education Foundation PO Box 1408 Dalton, GA 30722-1408	58-1735235	501(C)(3)	1,000	\$500 Permanent Endowment \$500 Brookwood School Challenge
Dalton Education Foundation PO Box 1408 Dalton, GA 30722-1408	58-1735235	501(C)(3)	31,307	Per B Bethel
Dalton Education Foundation PO Box 1408 Dalton, GA 30722-1408	58-1735235	501(C)(3)	1,000	LEARNING & EDUCATION
Dalton Organization of Churches 100 W Gordon St Dalton, GA 30720	58-1851376	501(C)(3)	5,000	CIVIC & HUMAN SERVICES
Dalton State College - Student Financial Aid 650 College Drive Dalton, GA 30721	58-6067358	501(C)(3)	1,000	For further benefit of Ms Savannah McCraw SSN#254-93-4304

Dalton State College - Student Financial Aid 650 College Drive Dalton, GA 30721	58-6067358	501(C)(3)	1,000	For further benefit of Ms Brooke Haynes ID# 900085625
Dalton State College - Student Financial Aid 650 College Drive Dalton, GA 30721	58-6067358	501(C)(3)	1,000	For further benefit of Ms Lindsay Ray #900085614
Dalton State College - Student Financial Aid 650 College Drive Dalton, GA 30721	58-6067358	501(C)(3)	1,250	For further benefit of Ms Marcı Weeks ID#900-07-8161
Dalton State College - Student Financial Aid 650 College Drive Dalton, GA 30721	58-6067358	501(C)(3)	1,250	For further benefit of Ms Randi Keener - ID#900081805
Dalton State College - Student Financial Aid 650 College Drive Dalton, GA 30721	58-6067358	501(C)(3)	1,000	For further benefit of Ms Lauren Watkins ID#900086584
Dalton State College Foundation 650 N College Drive Dalton, GA 30720	58-6067358	501(C)(3)	5,000	Education Scholarship
Dalton State College Foundation 650 N College Drive Dalton, GA 30720	58-6067358	501(C)(3)	1,000	LEARNING & EDUCATION
Dalton State College Foundation 650 N College Drive Dalton, GA 30720	58-6067358	501(C)(3)	250	CIVIC & HUMAN SERVICES
Dalton-Whitfield Joint Development Authority 100 S Hamilton St Dalton, GA 30720	90-0521568	501(C)(3)	102,500	\$100,000 GGD2 0 \$2,500 DEM Camp
Dalton-Whitfield Joint Development Authority 100 S Hamilton St Dalton, GA 30720	90-0521568	501(C)(3)	44,000	Per written request
Dalton-Whitfield Joint Development Authority 100 S Hamilton St	90-0521568	501(C)(3)	93,000	per written request

Dalton, GA 30720

Dalton-Whitfield Joint Development Authority 100 S Hamilton St Dalton, GA 30720	90-0521568	501(C)(3)	30,500	CIVIC & HUMAN SERVICES
Dalton-Whitfield Joint Development Authority 100 S Hamilton St Dalton, GA 30720	90-0521568	501(C)(3)	10,000	CIVIC & HUMAN SERVICES
Education is Essential Foundation 100 S Hamilton St Dalton, GA 30720	58-1907438	501(C)(3)	6,000	Readers to Leaders
Education is Essential Foundation 100 S Hamilton St Dalton, GA 30720	58-1907438	501(C)(3)	2,000	Science Cafe - Dawn Braswell
Erlanger Health System 975 East Third St Chattanooga, TN 37403	58-1664027	501(C)(3)	20,785	PICU Recliners
Erlanger Health Systems Foundation 975 East Third St Suite B508 Chattanooga, TN 37403	58-1664027	501(C)(3)	40,000	COMMUNITY HEALTH
Etowah Scholarship Foundation PO Box 1239 Cartersville, GA 30120	58-1512861	501(C)(3)	6,000	LEARNING & EDUCATION
Etowah Scholarship Foundation PO Box 1239 Cartersville, GA 30120	58-1512861	501(C)(3)	200	In Honor of Mr & Mrs Terry Laughridge
Etowah Scholarship Foundation PO Box 1239 Cartersville, GA 30120	58-1512861	501(C)(3)	200	COMMUNITY HEALTH
Etowah Scholarship Foundation PO Box 1239 Cartersville, GA 30120	58-1512861	501(C)(3)	2,100	FY13 Endowment Disto

Family Promise PO Box 2162 Dalton, GA 30722-2162	87-0745002	501(C)(3)	1,000	CIVIC & HUMAN SERVICES
Family Promise PO Box 2162 Dalton, GA 30722-2162	87-0745002	501(C)(3)	2,000	Family Promise Van Fund - Spring 2013 Grant cycle
Family Promise PO Box 2162 Dalton, GA 30722-2162	87-0745002	501(C)(3)	6,000	CIVIC & HUMAN SERVICES
Family Support Council P O Box 1707 Dalton, GA 30722-1707	58-1667920	501(C)(3)	3,000	Toast of the Town 2013
Family Support Council P O Box 1707 Dalton, GA 30722-1707	58-1667920	501(C)(3)	4,000	CIVIC & HUMAN SERVICES
Family Support Council P O Box 1707 Dalton, GA 30722-1707	58-1667920	501(C)(3)	1,250	CIVIC & HUMAN SERVICES
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	3,000	\$2,000 00 Annual Banquet \$1, 000 00 Chuck Harr is Home Team
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	20,000	Endowment Distribution
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	5,300	YOUTH DEVELOPMENT
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	4,000	FAITH & RELIGION
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	600	Spring 2013 Grant Cycle - Advanced Technology
Fellowship of Christian Athletes PO Box 2414	44-0610626	501(C)(3)	1,200	Spring 2013 Grant Cycle

Dalton, GA 30722

:

Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	2,000	FCA Banquet
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	7,500	"Matching Funds"
Fellowship of Christian Athletes PO Box 2414 Dalton, GA 30722	44-0610626	501(C)(3)	500	
Fellowship of Christian Athletes Endowment Fund		501(C)(3)	20,000	Grant correction-incorrect fund
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	17,000	2013
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	22,500	Church \$20,000 - Missions 2500
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	17,000	2012
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	4,500	\$4000 designated for Debt Relief \$500 for Pastors Discretionary Fund
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	3,000	Designated for Missions
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	1,500	"Pastor's Fund"
First United Methodist Church	58-0610064	501(C)(3)	10,000	Go Gold for Childhood Cancer Awareness

500 S Thornton Avenue Dalton, GA 30720

First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	5,000	
First United Methodist Church 500 S Thornton Avenue Dalton, GA 30720	58-0610064	501(C)(3)	3,000	FAITH & RELIGION
First United Methodist Church of Calhoun P O Box 517 Calhoun, GA 30703	Religious	501(C)(3)	26,352	FAITH & RELIGION
First United Methodist Church of Calhoun P O Box 517 Calhoun, GA 30703	Religious	501(C)(3)	6,638	Attn Laura Dutteon
Friendship House P O Box 794 Dalton, GA 30722	58-0863878	501(C)(3)	1,000	CIVIC & HUMAN SERVICES
Friendship House P O Box 794 Dalton, GA 30722	58-0863878	501(C)(3)	500	CIVIC & HUMAN SERVICES
Friendship House P O Box 794 Dalton, GA 30722	58-0863878	501(C)(3)	1,000	LEARNING & EDUCATION
Friendship House P O Box 794 Dalton, GA 30722	58-0863878	501(C)(3)	5,000	2013 Endowment Distribution
Friendship House P O Box 794 Dalton, GA 30722	58-0863878	501(C)(3)	2,500	CIVIC & HUMAN SERVICES
Friendship House P O Box 794 Dalton, GA 30722	58-0863878	501(C)(3)	2,000	Spaghetti tickets (\$200 00) General Fund - \$1,800 00
Gordon Hospital Foundation PO Box 304 Calhoun, GA 30703	59-2219301	501(C)(3)	25,000	COMMUNITY HEALTH

Gordon Hospital Foundation PO Box 304 Calhoun, GA 30703	59-2219301	501(C)(3)	33,010	COMMUNITY HEALTH
Grow Greater Dalton - 2 0 100 S Hamilton St Dalton, GA 30720	23-7210173	501(C)(3)	25,000	Grow Greater Dalton 2 0
Grow Greater Dalton - 2 0 100 S Hamilton St Dalton, GA 30720	23-7210173	501(C)(3)	25,000	CIVIC & HUMAN SERVICES
Grow Greater Dalton - 2 0 100 S Hamilton St Dalton, GA 30720	23-7210173	501(C)(3)	25,000	CIVIC & HUMAN SERVICES
Grow Greater Dalton - 2 0 100 S Hamilton St Dalton, GA 30720	23-7210173	501(C)(3)	12,500	2012 Fall Grant Cycle
Habitat - Calhoun 401 S Wall St Ste 101 Calhoun, GA 30701-2452	58-1753685	501(C)(3)	5,000	Fall 2012 Grant Cycle- General Support
Haggai Institute P O Box 13 Atlanta, GA 30370	58-0898309	501(C)(3)	12,000	FAITH & RELIGION
Haggai Institute P O Box 13 Atlanta, GA 30370	58-0898309	501(C)(3)	1,500	FAITH & RELIGION
Hand Up 343 South Wall St Calhoun, GA 30701	58-1128001	501(C)(3)	5,000	Spring 2013 Grant Cycle
Hand Up 343 South Wall St Calhoun, GA 30701	58-1128001	501(C)(3)	683	2013 Endowment Distribution
Harvest House c/o The Church at Liberty Square 2001 Liberty Square Dr NE DCartersville, GA 30120	58-1192258	501(C)(3)	1,500	Spring 2013 Grant Cycle - Food Star Program
Harvest House c/o The Church at Liberty Square 2001 Liberty Square Dr NE Cartersville, GA 30120	58-1192258	501(C)(3)	3,830	CIVIC & HUMAN SERVICES
Junior Achievement of	84-1267604	501(C)(3)	1,000	YOUTH DEVELOPMENT

Georgia, Inc Northwest Georgia District P O Box 864 411 Mitchell Street Dalton, GA 30722

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Junior Achievement of Georgia, Inc. Northwest Georgia District P O Box 864 411 Mitchell Street Dalton, GA 30722	84-1267604	501(C)(3)	2,000	Spring 2013 Grant Cycle- Personal Finance Program
Junior Achievement of Georgia, Inc. Northwest Georgia District P O Box 864 411 Mitchell Street Dalton, GA 30722	84-1267604	501(C)(3)	2,000	Hall of Fame Banquet
Junior Achievement of Georgia, Inc. Northwest Georgia District P O Box 864 411 Mitchell Street Dalton, GA 30722	84-1267604	501(C)(3)	2,000	Spring 2013 Grant Cycle
Mission to the World 1600 North Brown Road Lawrenceville, GA 30043-8141	Religious	501(C)(3)	3,000	Kirk & Anna Norris (#15456) Short Term Mission Trip to the Ukraine
Mission to the World 1600 North Brown Road Lawrenceville, GA 30043-8141	Religious	501(C)(3)	10,000	PROJECT 97054
Murphy-Harpst United Methodist Children & Family Services 740 Fletcher St Cedartown, GA 30125	58-1543388	501(C)(3)	238,826	RE Glenn York Academy
Northwest Georgia Family Crisis Center P O Box 554 Dalton, GA 30720	58-1374660	501(C)(3)	1,000	
Northwest Georgia Family Crisis Center P O Box 554 Dalton, GA 30720	58-1374660	501(C)(3)	2,000	2013 Holiday Tour of Homes
Northwest Georgia Family	58-1374660	501(C)(3)	2,000	2013 Holiday Tour of Homes

Crisis Center P O Box 554 Dalton, GA 30720

Northwest Georgia Family Crisis Center P O Box 554 Dalton, GA 30720	58-1374660	501(C)(3)	1,500	
Prater's Mill Foundation P O Drawer H Varnell, GA 30756	58-1381108	501(C)(3)	5,000	Spring 2013 Grant Cycle
Prater's Mill Foundation P O Drawer H Varnell, GA 30756	58-1381108	501(C)(3)	1,000	ARTS, CULTURE
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	5,000	FAITH & RELIGION
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	500	CIVIC & HUMAN SERVICES
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	1,500	Bluegrass Bands/Helping Hands
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	500	CIVIC & HUMAN SERVICES
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	5,000	CIVIC & HUMAN SERVICES
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	1,500	Match Bluegrass Bands and Helping Hands
Providence Ministries PO Box 4598 Dalton, GA 30722	58-1592141	501(C)(3)	100	CIVIC & HUMAN SERVICES
Redemption Outreach, Inc c/o of Lovingood Law PO Box 1067 Dalton, GA 30722-1067	27-2616644	501(C)(3)	2,500	CIVIC & HUMAN SERVICES
Redemption Outreach, Inc	27-2616644	501(C)(3)	2,500	CIVIC & HUMAN SERVICES

c/o of Lovingood Law PO Box 1067 Dalton, GA 30722-1067

Reinhardt University 7300 Reinhardt University Circle Waleska, GA 30183	58-0603153	501(C)(3)	5,000	CIVIC & HUMAN SERVICES
Rockbridge Community Church 100 West Gordon St Dalton, GA 30720	01-0592028	501(C)(3)	5,000	FAITH & RELIGION
Rockbridge Community Church 100 West Gordon St Dalton, GA 30720	01-0592028	501(C)(3)	25,000	FAITH & RELIGION
RossWoods Adult Day Services PO Box 307 Dalton, GA 30722	20-0314596	501(C)(3)	500	CIVIC & HUMAN SERVICES
RossWoods Adult Day Services PO Box 307 Dalton, GA 30722	20-0314596	501(C)(3)	2,000	CIVIC & HUMAN SERVICES
RossWoods Adult Day Services PO Box 307 Dalton, GA 30722	20-0314596	501(C)(3)	5,000	Fall 2013 Grant Cycle
RossWoods Adult Day Services PO Box 307 Dalton, GA 30722	20-0314596	501(C)(3)	5,000	COMMUNITY HEALTH
RossWoods Adult Day Services PO Box 307 Dalton, GA 30722	20-0314596	501(C)(3)	3,359	2013 Endowment Distribution
Salvation Army P O Box 1463 Dalton, GA 30722	58-0660607	501(C)(3)	2,000	CIVIC & HUMAN SERVICES
Salvation Army P O Box 1463 Dalton, GA 30722	58-0660607	501(C)(3)	100	CIVIC & HUMAN SERVICES
Salvation Army P O Box 1463	58-0660607	501(C)(3)	3,950	CIVIC & HUMAN SERVICES

Dalton, GA 30722

Salvation Army P O Box 1463 Dalton, GA 30722	58-0660607	501(C)(3)	100	CIVIC & HUMAN SERVICES
T C Thompson Children's Hospital Foundation 975 East 3rd St DChattanooga, TN 37403	58-1664027	501(C)(3)	6,000	Restricted for Use to Center for Childhood Cancer and Blood Disorders
Teen Challenge of the Mid-South PO Box 2280 Chattanooga, TN 37409	62-1022117	501(C)(3)	5,000	CIVIC & HUMAN SERVICES
Tellus Science Museum PO Box 3070 Cartersville, GA 30120	20-1234015	501(C)(3)	5,000	Capital Fund
The Emery Center PO Box 1831 Dalton, GA 30722-1831	11-3696718	501(C)(3)	10,000	ARTS, CULTURE
The Emery Center PO Box 1831 Dalton, GA 30722-1831	11-3696718	501(C)(3)	5,000	ARTS, CULTURE
The Georgia Meth Project/The Meth Project 3715 Northside Parkway NW Suite 1-320 Atlanta, GA 30327	20-2343265	501(C)(3)	25,000	CIVIC & HUMAN SERVICES
The Georgia Meth Project/The Meth Project 3715 Northside Parkway NW Suite 1-320 Atlanta, GA 30327	20-2343265	501(C)(3)	500	COMMUNITY HEALTH
The Mission Society for United Methodists PO Box 922637 Norcross, GA 30010	58-1546441	501(C)(3)	10,000	FAITH & RELIGION
United Way of Gordon County P O Box 486 Calhoun, GA 30703	58-1599982	501(C)(3)	2,500	Fall Grant Cycle 2012 Dancing with the Stars 2013
United Way of Gordon County P O Box 486 Calhoun, GA 30703	58-1599982	501(C)(3)	3,000	Disaster Relief Assistance

United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	6,250	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	1,000	2012
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	1,000	2013
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	10,000	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	6,250	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	6,250	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	1,000	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	10,000	Alexis deToqueville Soceity
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	10,000	CIVIC & HUMAN SERVICES
United Way of Northwest Georgia P O Box 566 Dalton, GA 30722	58-0905881	501(C)(3)	6,250	CIVIC & HUMAN SERVICES
Upper Room Mission	58-2281700	501(C)(3)	5,000	CIVIC & HUMAN SERVICES

PO Box 4120 Dalton, GA 30719

Whitfield County Government PO Box 248 Dalton, GA 30722-0248	58-6000909	501(C)(3)	5,000	Mill Creek Gap Battlefield Park Fall 2013 Grant Cycle
Whitfield County-Dalton Day Care Center, Inc P O Box 1985 Dalton, GA 30722	23-7117944	501(C)(3)	4,358	2013 Endowment Distribution
Whitfield County-Dalton Day Care Center, Inc P O Box 1985 Dalton, GA 30722	23-7117944	501(C)(3)	2,000	The Sweet Event 213
Whitfield County-Dalton Day Care Center, Inc P O Box 1985 Dalton, GA 30722	23-7117944	501(C)(3)	1,000	
Whitfield Healthcare Foundation P O Box 1168 Dalton, GA 30722	51-0175056	501(C)(3)	10,000	COMMUNITY HEALTH
Women's Enrichment Center 109 West Gordon Dalton, GA 30720	26-1952463	501(C)(3)	5,000	COMMUNITY HEALTH
Women's Enrichment Center 109 West Gordon Dalton, GA 30720	26-1952463	501(C)(3)	4,000	CIVIC & HUMAN SERVICES
Women's Enrichment Center 109 West Gordon Dalton, GA 30720	26-1952463	501(C)(3)	1,000	COMMUNITY HEALTH
World Serve Ministries PO Box 1509 Frisco, TX 75034	91-1544149	501(C)(3)	5,000	Most Strategic need for India
Intercompany & Operating Fund Transfers			209,209	
Total Grants			3,138,656	