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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

6500 SUGARLOAF PKWY NO 220

City or town, state or province, country, and ZIP or foreign postal code

DULUTH, GA 30097

F Name and address of principal officer

RANDY REDNER

6500 SUGARLOAF PKWY NO 220

DULUTH, GA 30097

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

58-1557995

E Telephone number

(770) 813-3380

G Gross receipts \$ 22,671,516

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(Insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFNEG.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE FOUNDATION HAS THREE PRINCIPAL GOALS 1) TO BUILD A PERMANENT BASE OF CHARITABLE FUNDS THAT WILL BENEFIT NONPROFIT AGENCIES SERVING THE NORTHEAST GEORGIA REGION,2) TO IDENTIFY ESSENTIAL HUMAN NEEDS AND PROMISING OPPORTUNITIES IN THE COMMUNITY ESPECIALLY AS THEY IMPACT THE LESS FORTUNATE AND TO DEVELOP RESOURCES TO ADDRESS THEM, AND3) TO ACQUAINT DONORS WITH THE IMPORTANCE OF PRIVATE PHILANTHROPY AS IT RELATES TO IMPROVING THE QUALITY OF LIFE OF THE COMMUNITY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶298,327

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2019-11-15

Date

RANDY REDNER PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00054246

Firm's name ▶ MOORE STEPHENS TILLER LLC

Firm's EIN ▶ 58-0673524

Firm's address ▶ 1960 SATELLITE BLVD SUITE 3600

DULUTH, GA 30097

Phone no (770) 995-8800

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 8,217,579 including grants of \$ 8,217,579) (Revenue \$)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,217,579

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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	No
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	No
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 Yes	
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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	4			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8		No
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		No
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 24		
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 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: GA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ► MARGARET BUGBEE CFO 6500 SUGARLOAF PKWY NO 220 DULUTH, GA 30097 (770) 813-3380

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANDRA J STRICKLAND CHAIR	1 00	X		X				0	0	0
(2) THOMAS ABERNATHY VICE CHAIR	1 00	X		X				0	0	0
(3) K CLIFFORD BRAY II TREASURER	1 00	X		X				0	0	0
(4) DICK LOPRESTI SECRETARY	1 00	X		X				0	0	0
(5) ETHEL D ANDERSEN JD DIRECTOR	1 00	X						0	0	0
(6) JULIE KEETON ARNOLD DIRECTOR	1 00	X						0	0	0
(7) EMILY J BRANTLEY DIRECTOR	1 00	X						0	0	0
(8) DOUG BRIDGES DIRECTOR	1 00	X						0	0	0
(9) CHERYL DELUCA-JOHNSON DIRECTOR	1 00	X						0	0	0
(10) RON GARRARD DIRECTOR	1 00	X						0	0	0
(11) MARY HESTER DIRECTOR	1 00	X						0	0	0
(12) BARBARA HOWARD DIRECTOR	1 00	X						0	0	0
(13) JIM JOEDECKE DIRECTOR	1 00	X						0	0	0
(14) DANIEL J KING DIRECTOR	1 00	X						0	0	0
(15) J MICHAEL LEVENGOOD DIRECTOR	1 00	X						0	0	0
(16) WILLIAM F MCCARGO DIRECTOR	1 00	X						0	0	0
(17) R BRAND MORGAN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT PHELAN DIRECTOR	1 00	X		X				0	0	0
(19) ANDREW C POURCHIER DIRECTOR	1 00	X						0	0	0
(20) MARIELA ROMERO DIRECTOR	1 00	X						0	0	0
(21) KAREN FINE SALTIEL DIRECTOR	1 00	X						0	0	0
(22) TAMMY L SHUMATE DIRECTOR	1 00	X						0	0	0
(23) ADAM C WILSON DIRECTOR	1 00	X						0	0	0
(24) RANDALL REDNER PRESIDENT/CEO	40 00	X		X				120,000	0	7,200
(25) MARGARET BUGBEE CFO	40 00			X				61,543	0	1,500

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								181,543	0	8,700

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b	13,257			
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	10,833,321			
g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f		10,846,578			

Program Service Revenue

	Business Code				
2a _____					
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
9Total. Add lines 2a-2f					

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		596,648		169,479	427,169
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real (ii) Personal				
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	11,174,233			
b Less cost or other basis and sales expenses		10,188,245			
c Gain or (loss)		985,988			
d Net gain or (loss)		985,988		134,554	851,434
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a ADMINISTRATIVE FEE INCOME (NET)	900099	53,933			53,933
b MISC /OTHER INCOME	900099	124			124
c _____					
d All other revenue					
e Total. Add lines 11a-11d		54,057			
12 Total revenue. See Instructions		12,483,271	0	304,033	1,332,660

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,217,579	8,217,579		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	181,543		154,312	27,231
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	25,594		21,755	3,839
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,330		10,480	1,850
9 Other employee benefits.	6,070		5,160	910
10 Payroll taxes.	16,932		14,372	2,560
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	136,350		136,350	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	166,456		166,456	
12 Advertising and promotion.				
13 Office expenses.	7,894		6,443	1,451
14 Information technology.	15,244		12,956	2,288
15 Royalties.				
16 Occupancy.	20,714		17,607	3,107
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	9,619		9,619	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	11,220		11,220	
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 O):				
a FEDERAL & STATE UNRELAT	65,683		65,683	
b FUNDRAISING EXPENSE	124,972			124,972
c DONOR DEVELOPMENT	69,462			69,462
d COMMUNICATIONS & PROMOT	60,267			60,267
e All other expenses	57,474		57,084	390
25 Total functional expenses. Add lines 1 through 24e.	9,205,403	8,217,579	689,497	298,327
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	473,863	1	1,082,254
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	125,335
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 105,312		
	b Less: accumulated depreciation	10b 105,312	10c 0	0
	11 Investments—publicly traded securities	25,664,328	11	27,198,792
	12 Investments—other securities. See Part IV, line 11	9,749,064	12	10,034,907
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,887,255	16	38,441,288	
Liabilities	17 Accounts payable and accrued expenses	81,758	17	34,680
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,417,566	25	5,540,207
	26 Total liabilities. Add lines 17 through 25	4,499,324	26	5,574,887
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,280,627	27	23,439,543
	28 Temporarily restricted net assets	1,918,586	28	0
	29 Permanently restricted net assets	4,188,718	29	9,426,858
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	31,387,931	33	32,866,401	
34 Total liabilities and net assets/fund balances	35,887,255	34	38,441,288	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,483,271
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,205,403
3	Revenue less expenses Subtract line 2 from line 1	3	3,277,868
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,387,931
5	Net unrealized gains (losses) on investments	5	-1,842,674
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	43,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,866,401

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 58-1557995

Name: COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Form 990 (2018)

Form 990, Part III, Line 4a:

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Employer identification number

58-1557995

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☒

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,066,564	9,840,035	3,563,148	5,337,089	10,846,578	31,653,414
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,066,564	9,840,035	3,563,148	5,337,089	10,846,578	31,653,414
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,135,184
6	Public support. Subtract line 5 from line 4						22,518,230

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	2,066,564	9,840,035	3,563,148	5,337,089	10,846,578	31,653,414
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	231,771	351,085	832,792	514,126	596,648	2,526,422
9	Net income from unrelated business activities, whether or not the business is regularly carried on	71,228	82,321	68,841	212,588	290,282	725,260
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	53,785	121,610		50,049	54,057	279,501
11	Total support. Add lines 7 through 10						35,184,597
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 64.000 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 47.070 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☐	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 58-1557995
Name: COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

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

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA

Employer identification number
58-1557995

Part I

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

1

Total number at end of year

211

92

2

Aggregate value of contributions to (during year)

6,362,968

1,582,566

3

Aggregate value of grants from (during year)

8,127,239

187,117

4

Aggregate value at end of year

21,269,800

5,539,918

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Held at the End of the Year

2a

2b

2c

2d

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,188,718	4,127,291	4,127,169	4,127,169	4,481,468
b Contributions	3,900,462	61,427	122		50,500
c Net investment earnings, gains, and losses	742,565				
d Grants or scholarships	326,536				
e Other expenditures for facilities and programs					404,799
f Administrative expenses					
g End of year balance	8,505,209	4,188,718	4,127,291	4,127,169	4,127,169

2

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

a

Board designated or quasi-endowment

▶

b

Permanent endowment

▶

100 000 %

c

Temporarily restricted endowment

▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		79,406	79,406	0
d Equipment		10,849	10,849	0
e Other		15,057	15,057	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) EQUITY METHOD LTD PARTNERSHIPS	9,926,570	F
(B) REAL ESTATE	108,337	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	10,034,907	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
AGENCY LIABILITIES	5,540,207	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	5,540,207	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,589,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,842,674
b	Donated services and use of facilities	2b	46,080
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	38,934
e	Add lines 2a through 2d	2e	-1,757,660
3	Subtract line 2e from line 1	3	12,346,921
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	136,350
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	136,350
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	12,483,271

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

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

1	Total expenses and losses per audited financial statements	1	9,114,953
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	46,080
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	46,080
3	Subtract line 2e from line 1	3	9,068,873
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	136,350
b	Other (Describe in Part XIII)	4b	180
c	Add lines 4a and 4b	4c	136,530
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	9,205,403

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-1557995
Name: COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	HELD AS AGENCY ACCOUNTS FOR VARIOUS LOCAL NOT-FOR-PROFIT INSTITUTIONS, INCLUDING SCHOOLS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	AUDIT NOTE "GAAP PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND DISCLOSED IN THE FOUNDATION'S FINANCIAL STATEMENTS THE FOUNDATION'S MANAGEMENT HAS EVALUATED THE IMPLICATIONS OF THESE STANDARDS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS FOR THE FOUNDATION, THEREFORE, NO TAX EXPENSE OR ACCRUALS FOR UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS "

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GRANT TRANSFERS FROM TEMPORARILY RESTRICTED TO UNRESTRICTED 38,934

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	MISCELLANEOUS BOOK/TAX DIFFERENCE 180

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization
COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Employer identification number
58-1557995

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 213

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANTS ARE AWARDED TO U S QUALIFIED 501(C)(3) ORGANIZATIONS, ONLY NO EXPENDITURE RESPONSIBILITY IS REQUIRED OF ANY RECIPIENT ORGANIZATION THAT IS A QUALIFIED 501(C)(3) ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 58-1557995
Name: COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
12STONE CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	156,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ACTION MINITRIES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS CATHOLIC CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ALPHARETTA HISTORICAL SOCIETY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS DISEASE RESEARCH FOUNDTION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
AMERICAN ANGLICAN COUNCIL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ENDOWMENT FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,896,208				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ANGLICAN CHURCH IN NORTH AMERICA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNANDALE AT SUWANEEN INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
APPALACIAN STATE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF ATLANTA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ATHLETES IN ACTION-CRU C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA COMMUNITY FOOD BANK C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ATLANTA GLADIATORS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTA UNION MISSION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
AUGUSTA UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA THEATRE INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	275,250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
BAREFOOT IN THE PARK INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST BUDDIES INTERNATIONAL INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	7,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
BOY SCOUTS OF AMERICA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	91,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
BRYAN COLLEGE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBODIAN BUDDHIST SOCIETY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CAMP HIGHLAND C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,400				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP IHOPE FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CAMP TWIN LAKES INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CANINE ASSISTANTS INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANVAS FOR A CAUSE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CARE FOR COPS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	4,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC ANSWERS INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CATHOLIC CHARITIES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARTOWN UNITED FUND INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	8,013				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CENTRAL GWINNETT HIGH SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST OUR KING AND SAVIOR C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	6,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CITY OF CEDARTOWN C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	165,050				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SUWANEE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CLASSIC CONVERSATIONS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
COMMUNITY FOUNDATION FOR NE GA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	6,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGRESSIONAL PRAYER CAUCUS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CORNERS OUTREACH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	41,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREEK VIEW ELEMENTARY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	400				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
CURE CHILDHOOD CANCER C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	11,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEKALB LIBRARY FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
DRIVING MAGIC INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH CLUSTER SCHOOLS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
DULUTH COOPERATIVE MINITRIES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH FALL FESTIVAL INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
DULUTH FINE ARTS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	300				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH FIRST UNITED METHODIST CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	41,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
DULUTH HIGH SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	31,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH UNITED METHODIST CHURCH CEMETERY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
EAGLE RANCH INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	37,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS NORTH GEORGIA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
EMORY UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	503,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF FOSYTH COUNTY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
FCA SOCCER ATLFCA GWINNETT C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	17,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED FANNIN INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
FIRST BAPTIST CHURCH OF SNELLVILLE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	33,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTHILLS GATEWAY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
FOWLER YMCA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	4,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCIS MARION UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
FRIENDS OF DISABLED ADULTS & CHILDREN INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA ASYLUM AND IMMIGRATION NETWORK C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GEORGIA BUDDHIST VIHARA INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA COLLEGE AND STATE UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GEORGIA GWINNETT COLLEGE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	61,522				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA INSTITUTE OF TECHNOLOGY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GEORGIA STATE UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	15,688				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIDEONS INTERNATIONAL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GLORY SHINERS MINISTRIES INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,001				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HEALTH CENTER OF GWINNETT C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	66,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GREATER ATLANTA CHRISTIAN SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	67,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRIFFIN HIGH SCHOOOL ATHLETIC DEPARTMENT C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GWINETT BALLET THEATRE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWINNETT CHILDREN'S SHELTER INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	12,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GWINNETT CLEAN ADN BEAUTIFUL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	100				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWINNETT COALITION FOR HEALTHHUMAN SERVICES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GWINNETT COUNTY PUBLIC LIBRARY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	20,410				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWINNETT COUNTY PUBLIC SCHOOLS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,248				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GWINNETT HABITAT FOR HUMANITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	50,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWINNETT HOSPITAL SYSTEM FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GWINNETT MEDICAL CENTER FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	322,250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWINNETT SCHOOL OF MATHEMATICS SCIENCE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
GWINNETT TECH FOUNDATION INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,005				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GWINNETT TECHNICAL COLLEGE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	75,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HADASSAH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,800				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPDEN-SYDNEY COLLEGE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	29,100				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HANDS OF CHRIST A DULUTH COOPERATIVE MINISTRY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEIRBORN SERVANTS INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HELPING MAMAS INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HI-HOPE SERVICE CENTER C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	17,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HOLY CROSS ANGLICAN CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	312,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS CATHOLIC CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	300				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HOPE CLINIC INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	190,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	35,100				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HORIZONS LEARNING FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUDGENS CENTER FOR THE ARTS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	264,233				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
HUNTSMAN CANCER INSTITUTE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JM TULL YMCA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
JAMIE AND DARCY MORRIS FOUNDATION INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF NEW YORK CITY CHAPTER C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
JEWISH EDUCATIONAL LOAN FUND INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS CREEK BAPTIST CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	4,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
JUDICIAL WATCH INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNESAW STATE UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	7,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
KIDSTUFF - USA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	800				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KILES BEAUTIFUL MIND INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
KILLIAN HILL CHRISTIAN SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE WINDWARD ELEMENTARY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
LAWRENCEVILLE COOPERATIVE MINISTRY INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCEVILLE FIRST BAPTIST CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	203,904				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
LEADING THE WAY WITH DR MICHAEL YOUSSEF C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMBS FOR LIFE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	400				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
LOGANVILLE MIDDLE SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAAC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
MENTOR ME C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,995				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILL SPINGS ACADEMY INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
MLC MINISTRIES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	15,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NANA GRANTS INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NATIONAL MONUMENTS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	62,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NE GEORGIA COUNCIL BOY SCOUTS OF AMERICA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT GENERATION FOCUS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NO LONGER BOUND C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORCROSS COOPERATIVE MINISTRY INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	17,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NORCROSS HIGH SCHOOL FOUNDATION FOR EXCELLENCE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	11,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH FULTON COMMUNITY CHARITIES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NORTH GEORGIA FAMILY COUNSELING CENTERS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	300				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH GWINNETT COOPERATIVE MINISTRY INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NORTH GWINNETT SCHOOLS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	33,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST GEORGIA COUNCIL OF BOY SCOUTS OF AM C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
NOTHING BUT THE TRUTH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	7,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBRIA MEDICAL CLINICS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	6,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
OGLETHORPE UNIVERSITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORCHARD AT WHITE STREET C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
PARKVIEW HIGH SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP AGAINST DOMESTIC VIOLENCE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	48,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
PATH FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	25,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACHTREE CHRISTIAN CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	25,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
PEACHTREE CHRISTIAN HEALTH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACHTREE CHRISTIAN HOSPICE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	4,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX PATRIOT FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
PIEDMONT COLLEGE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINCKNEYVILLE MIDDLE SCHOOL PTSA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	300				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
POSITIVE IMPACT USA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREGNANCY RESOURCE CENTER OF GWINNETT C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
PRESBYTERIAN HOMES OF GEORGIA INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,160				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE OF PEACE CATHOLIC CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,700				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
RAINBOW VILLAGE INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	44,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH OUT AND READ INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
RELAY FOR LIFE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVOLUTION TEEN CENTER C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	4,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
RICHARDS MIDDLE SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF GWINNETT COUNTY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
SANDERSVILLE SCHOOL BUILDING AUTHORITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARCOMA FOUNDATION OF AMERICA INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
SEEKING THE RIGHT AMENDABLE PATH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER CITY ELEMENTARY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	600				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
SIMPSONWOOD UNITED METHODIST CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	15,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINGLE PARENT ALLIANCE AND RESEOURCE CENTER C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
SKILLSUSA GEORGIA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	3,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLEEP IN HEAVENLY PEACE INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
SMOKE RISE BAPTIST CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	17,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	300				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
SPAY GEORGIA INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL GEORGIA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ST BALDRICK FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST BRIGID CATHOLIC CHURCH C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	7,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
STATE COLLEGE OF FLORIDA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREET GRACE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
STREETWISE MINISTRIES C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASTE OF CHARITY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	650				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
TEACHERS AS LEADERS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM NATIONAL HOPE FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
TERRY FARRELL FIREFIGHTERS FUND OF GEORGIA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CART FUND INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	100				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
THE CENACLE SISTERS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITADEL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
THE PATH PROJECT C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	47,750				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PAYTON WRIGHT FOUNDATION INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
THE PLACE OF FORSYTH COUNTY INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE QUINN HOUSE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
THE ROTARY FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	5,617				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
THE SALVATION ARMY OF GWINNETT COUNTY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	47,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STONEHAVEN SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
THE SUMMIT COUNSELING CENTER INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WESTMINISTER SCHOOLS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
TRINITY SCHOOL C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	7,700				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCKER W HIPPS MEMORIAL FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
TURINGIN POINT BREAST CANCER REHABILITATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	300				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GWINNETT C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	27,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
UNIVERSITY OF ALABAMA AT BIRMINGHAM C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
UNIVERSITY OF FLORIDA FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,105				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	6,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
UNIVERSITY OF NORTH GEORGIA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORIOUS LIVING CHURCH INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	770				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
VISION 938 INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	10,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION WARRIORS C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
WATER AT WORK MINISTRY INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEYAN SCHOOL INC C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
WILKINS PARKINSONS FOUNDATION C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	200				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSHIP CANCER INSTITUTE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	1,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
WOODRUFF ARTS CENTER C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODWARD ACADEMY C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
XAVIER UNIVERSITY OF LOUISIANA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG HARRIS COLLEGE C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	2,000				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
YOUNGLIFE SUWANEEBUFORD C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	250				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH OUTREACH UNITED C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	13,500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION
ZOO ATLANTA C/O CFNEG 6500 SUGARLOAF PKWY STE 220 DULUTH, GA 30097		501(C)(3)	500				SUPPORT THE CHARITABLE MISSION OF THE 501(C)(3) RECIPIENT ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA**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.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

58-1557995

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS THE BOARD OF DIRECTORS IS COMPOSED OF BUSINESS, GOVERNMENT, AND COMMUNITY LEADERS IN THE LOCAL AREA DUE TO THE EXTENSIVE INVOLVEMENT OF THESE COMMUNITY LEADERS IN BUSINESS AND OTHER COMMUNITY AFFAIRS, THE DIRECTORS MAY HAVE NORMAL BUSINESS RELATIONSHIPS THAT MIGHT BE EXPECTED OF LEADERS IN A SUBURBAN COMMUNITY HOWEVER, THESE BUSINESS RELATIONSHIPS SHALL BE CONDUCTED AT ARMS' LENGTH, PURSUANT TO NORMAL BUSINESS TERMS AND THE COMMUNITY FOUNDATION'S CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING, THE FORM 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE FOR THEIR APPROVAL BY THE CPA FIRM THAT PREPARED THE RETURN. IT IS THEN PRESENTED TO THE BOARD OF DIRECTORS BY THE EXECUTIVE DIRECTOR OR THE DIRECTOR OF FINANCE, WHICH MAY BE AFTER THE RETURN IS FILED. THE BOARD OF DIRECTORS HAS ACKNOWLEDGED THAT THIS IS THE PREFERRED PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF ANY FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES. THE CHAIRPERSON OF THE BOARD MAY APPOINT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. IF THE BOARD OR COMMITTEE HAS A REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE A FINANCIAL INTEREST, IT SHALL INFORM THE PERSON AND TAKE APPROPRIATE CORRECTIVE ACTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION FOR EMPLOYEES IS DETERMINED AFTER REFERENCING THE "COUNCIL ON FOUNDATIONS " SALARY SURVEY THE SALARY FOR EACH EMPLOYEE IS THEN APPROVED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND INTERNAL POLICIES ARE GIVEN TO EMPLOYEES WHEN THEY ARE HIRED BY THE ORGANIZATION AND ARE AVAILABLE WITHIN THE ORGANIZATION'S OFFICE TO THOSE WHO FALL UNDER THEIR COVENANTS, BUT AS PROPRIETARY INFORMATION OF THE ORGANIZATION, THEY AND THE FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	MISC TAX/BOOK ADJUSTMENTS 43,276

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS BY WHICH THE FOUNDATION'S BOARD CHOOSES AN AUDITOR AND REVIEWS ITS FINANCIALS HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR NORTHEAST
GEORGIA

Employer identification number
58-1557995

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HUDGENS SUPPORTING FOUNDATION INC	C	25,000	CASH DONATION

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation