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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

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

Name of foundation
Capital City Bank Group Foundation Inc

A Employer identification number
59-2276367

Number and street (or P.O. box number if mail is not delivered to street address)
217 N Monroe Street

Room/suite

B Telephone number (see instructions)
(850) 402-8450

City or town, state or province, country, and ZIP or foreign postal code
Tallahassee, FL 32301

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 3,012,886

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	122,060			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	26	26		
	4	Dividends and interest from securities	64,286	63,481		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	18,528			
	b	Gross sales price for all assets on line 6a 18,528				
	7	Capital gain net income (from Part IV, line 2)		18,528		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances 0				
	b	Less: Cost of goods sold 0				
	c	Gross profit or (loss) (attach schedule)	0			
	11	Other income (attach schedule)	525	0	0	
	12	**Total.** Add lines 1 through 11	205,425	82,035	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	0	0	0	0
	b	Accounting fees (attach schedule)	0	0	0	0
	c	Other professional fees (attach schedule)	0	0	0	0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	727	727	0	0
	19	Depreciation (attach schedule) and depletion	0	0	0	
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	61	0	0	0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	788	727	0	0
	25	Contributions, gifts, grants paid	246,175			246,175
	26	**Total expenses and disbursements.** Add lines 24 and 25	246,963	727	0	246,175
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-41,538			
	b	**Net investment income** (if negative, enter -0-)		81,308		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing	0		
	2 Savings and temporary cash investments	240,083	124,977	124,977
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶	0	0	0
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ 0			
	Less: allowance for doubtful accounts ▶ 0	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	1,821,703	1,821,007	2,517,937
	c Investments—corporate bonds (attach schedule)	301,509	371,155	369,972
	11 Investments—land, buildings, and equipment: basis ▶ 0			
	Less: accumulated depreciation (attach schedule) ▶ 0	0		0
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	0	0
	14 Land, buildings, and equipment: basis ▶ 0			
	Less: accumulated depreciation (attach schedule) ▶ 0	0		0
	15 Other assets (describe ▶)	0	0	0
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,363,295	2,317,139	3,012,886
Liabilities	17 Accounts payable and accrued expenses	0		
	18 Grants payable	5,855	1,237	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	5,855	1,237	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	2,357,440	2,315,902	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	2,357,440	2,315,902	
	30 **Total liabilities and net assets/fund balances** (see instructions)	2,363,295	2,317,139	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,357,440
2	Enter amount from Part I, line 27a	2	-41,538
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	2,315,902
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	2,315,902

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	CAPITAL GAIN DISTRIBUTIONS LONG TERM	P		
b	CAPITAL GAIN DISTRIBUTIONS SHORT TERM	P		
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	18,185			18,185
b	343			343
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			0	18,185
b			0	343
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	18,528
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	194,692	2,744,243	0.070946
2017	263,153	2,596,075	0.101366
2016	233,673	2,436,190	0.095917
2015	207,024	2,499,696	0.082820
2014	238,210	2,603,233	0.091505

2	**Total** of line 1, column (d)	2	0.442554
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.088511
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,766,440
5	Multiply line 4 by line 3	5	244,860
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	813
7	Add lines 5 and 6	7	245,673
8	Enter qualifying distributions from Part XII, line 4	8	246,175

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	813
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2	3	813
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	813
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 4,233		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	4,233
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	3,420
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 3,420 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ www.ccbgfoundation.org

14 The books are in care of ▶ Jep Larkin Telephone no. ▶ (850) 402-8450

Located at ▶ 217 N Monroe St Tallahassee FL ZIP+4 ▶ 32301

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☑ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑ No	
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑ No	
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation

Total number of others receiving over $50,000 for professional services. ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,581,550
b	Average of monthly cash balances	1b	227,019
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	2,808,569
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,808,569
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	42,129
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,766,440
6	**Minimum investment return.** Enter 5% of line 5	6	138,322

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	138,322
2a	Tax on investment income for 2019 from Part VI, line 5	2a	813		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	813
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	137,509
4	Recoveries of amounts treated as qualifying distributions			4	325
5	Add lines 3 and 4			5	137,834
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	137,834

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	246,175
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	246,175
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	813
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	245,362

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				137,834
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 2017 , 2016 , 2015		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 110,854				
b From 2015. 85,364				
c From 2016. 115,982				
d From 2017. 144,673				
e From 2018. 59,247				
f **Total** of lines 3a through e.	516,120			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 246,175				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				137,834
e Remaining amount distributed out of corpus	108,341			
5 Excess distributions carryover applied to 2019.				0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	624,461			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	110,854			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	513,607			
10 Analysis of line 9:				
a Excess from 2015. . . . 85,364				
b Excess from 2016. . . . 115,982				
c Excess from 2017. . . . 144,673				
d Excess from 2018. . . . 59,247				
e Excess from 2019. . . . 108,341				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

Online only
217 N MONROE STREET
TALLAHASSEE, FL 32301
www.ccbgfoundation.org

b The form in which applications should be submitted and information and materials they should include:

Applications will only be accepted online using the submission form on the organization's website. Applications are only accepted from those organizations that are Non-Profit, Charitable Organizations under Section 501(c)(3).

c Any submission deadlines:

APRIL 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Grants are provided only to non-profit, charitable organizations exempt under section 501(c)(3). Further, grants are not given for requests of the following nature: Advertising, Association memberships, Athletic team/event sponsorship, fundraising sponsorship, ticket to attend community functions/fundraisers, professional telephone solicitations, those with religious/political affiliations, those located outside of CCBG's market area.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				246,175
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	26	
4 Dividends and interest from securities			14	64,286	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	18,528	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a Misc Income			1	525	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		83,365	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	83,365

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2020-11-07	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Brittney Kocaj				P01320603
Firm's name ▶ CROWE LLP				Firm's EIN ▶35-0921680
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230				Phone no. (954) 202-8600

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
Jeff Wahlen 217 N Monroe Street Tallahassee, FL 32301	Director 1.000	0	0	0
Dr Alma Littles 217 N Monroe Street Tallahassee, FL 32301	Director 1.000	0	0	0
Janette Wagner 217 N Monroe Street Tallahassee, FL 32301	Director 1.000	0	0	0
William G Smith Jr 217 N Monroe Street Tallahassee, FL 32301	Chairman 1.000	0	0	0
Brooke Hallock 217 N Monroe Street Tallahassee, FL 32301	Secretary 1.000	0	0	0
Jep Larkin 217 N Monroe Street Tallahassee, FL 32301	Treasurer 1.000	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A Better Body1412 FL GA Hwy havana, FL 32333	none	PC	Education	500
A Full Summer IncPO Box 13445 tallahassee, FL 32317	none	PC	Social Services	500
A Womens Pregnancy Center 919 W Pensacola St tallahassee, FL 32304	none	PC	Social Services	350
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Advocates for Alzheimers Care Inc 611 Bellevue Ave Dublin PO Box 344 dublin, GA 31040	none	PC	Community needs	3,000
Alachua Co Organization for Rural Needs 23320 North SR 235 brooker, FL 32622	none	PC	Family/Children	1,000
Alachua Conservation Trust Inc 7204 SE CR 234 gainesville, FL 32641	none	PC	Arts	100
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Alzheimers Association (Leon County) 301 East Tharpe Street tallahassee, FL 32303	none	PC	Social Services	2,500
American Cancer Society - Gainesville 2119 SW 16th Street gainesville, FL 32608	none	PC	Social Services	2,068
American Cancer Society - Tampa 3709 W Jetton Ave tampa, FL 33629	none	PC	Social Services	275
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
American Heart Association - St Pete 11207 Blue Heron Blvd st petersburg, FL 33716	none	PC	Social Services	150
American Red Cross Washington 431 18th St washington, DC 20006	none	PC	Social Services	250
Americas Second Harvest of the Big Bend 4446 Entrepot Blvd tallahassee, FL 32310	none	PC	Social Services	2,750
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Angels of GracePO Box 1810 Cairo cairo, GA 39838	none	PC	Social Services	75
Answers Resource Facility PO Box 706 Keystone Heights keystone heights, FL 32656	none	PC	Social Services	1,000
Big Bend Habitat for Humanity 2921 Roberts Avenue tallahassee, FL 32310	none	PC	Social Services	5,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Boys and Girls Club of Central Georgia 277 Martin Luther King Jr Blvd Suit e 202 macon, GA 31208	none	PC	Family/Children	280
Boys and Girls Club of Citrus County PO Box 907 homosassa, FL 34448	none	PC	Family/Children	500
Boys and Girls Club of Laurens County PO Box 461 dudley, GA 31022	none	PC	Family/Children	1,500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Bradford County Education Foundation 501 Washington Street starke, FL 32091	none	PC	Education	2,600
Bread Basket ClubPO Box 1111 Valley valley, AL 36854	none	PC	Social Services	500
CARE1881-B Martin Luther King Jr Blvd tallahassee, FL 32303	none	PC	Social Services	150
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Big Bend Hospice Inc 1723 Mahan Center Boulevard tallahassee, FL 32308	None	PC	Social Services	7,500
Capital City Youth Services 2407 Roberts Avenue tallahassee, FL 32310	none	PC	Family/Children	5,000
Chi Omega Social Action Scholarship Found PO Box 6252 tallahassee, FL 32314	none	PC	Family/Children	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Childrens Home Society of Florida 482 S Keller Road orlando, FL 32810	none	PC	Family/Children	20,000
Christian Family Center IncPO Box 149 rockledge, GA 30454	none	PC	Social Services	1,000
Christian Service Center 5340 Cusseta Rd lanett, AL 36863	none	PC	Social Services	200
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Christys Kitties Rescue and Sanctuary 54 Brewster Rd crawfordville, FL 32327	none	PC	Community needs	650
Circle of Care2200 35th Place valley, AL 36854	none	PC	Social Services	200
Citizens for Humane Animal Treatment of Wakulla PO Box 1195 crawfordville, FL 32326	none	PC	Social Services	2,100
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Citrus Hearing Impaired Program Services 109 NE Crystal Street Suite B crystal river, FL 34428	none	PC	Social Services	1,500
Clamour Theatre Company Inc PO Box 9055 Fleming Island fleming island, FL 32006	none	PC	Arts	500
Communities in Schools of Bradford Cnty 100 E Call St starke, FL 32091	none	PC	Education	5,082
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Communities That Care CLT Inc 6031 NW 1st Place gainesville, FL 32607	none	PC	Community needs	1,500
Community Leadership Academy 3122 Mahan Dr Suite 801-270 tallahassee, FL 32308	none	PC	Education	1,000
Concerned Citizens of Bradford County PO Box 1086 starke, FL 32091	none	PC	Education	1,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Early Learning Coalition of Nature Coast 1564 North Meadowcrest Blvd crystal river, FL 34429	none	PC	Education	1,000
Easter Seals Middle GeorgiaPO Box 847 dublin, GA 31040	none	PC	Social Services	5,000
Education Foundation of Gilchrist County P O Box 1816 trenton, FL 32693	none	PC	Education	2,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Elder Care Services Inc (Big Bend Area) 2518 W Tennessee St tallahassee, FL 32304	none	PC	Social Services	2,500
Embrace Community Center Inc 294 SE 43rd Street Suite 100 keystone heights, FL 32656	none	PC	Social Services	1,000
Ferst Readers Inc Laurens County 1708 Springdale Road dublin, GA 31021	none	PC	Education	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Florida Guardian ad Litem Foundation PO Box 10688 tallahassee, FL 32302	none	PC	Social Services	3,000
Florida Kiwanis Foundation Inc Quincy Kiwanis PO Box 448 quincy, FL 323530448	none	PC	Family/Children	500
Florida Recycling Partnership Foundation 730 East Park Avenue tallahassee, FL 32301	none	PC	Community needs	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Foundation for Rural Education Excellence PO Box 756 palatka, FL 32178	none	PC	Education	500
Gadsden Arts Inc13 N Madison Street quincy, FL 32351	none	PC	Arts	2,000
Goodwood Museum and Gardens Inc 1600 Miccosukee Road tallahassee, FL 32308	none	PC	Community needs	1,650
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Grady County Fine Arts Project Inc 175 Smith Road cairo, GA 39828	none	PC	Arts	500
Grady County Help Agencies Inc PO Box 1452 cairo, GA 39828	none	PC	Social Services	3,000
H Grady Bradshaw Chambers Co Library 3419 20th Avenue valley, AL 36854	none	POF	Family/Children	1,500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Habitat for Humanity of Citrus County P O Box 1041 crystal river, FL 34423	none	PC	Social Services	5,000
Hampton Veteran S Memorial Fund Inc 9749 Hampton Villas Place hampton, FL 32044	none	PC	Community needs	400
Hang Tough Foundaiton Inc 1400 Village Square Blvd Ste 3-272 tallahassee, FL 32312	none	PC	Social Services	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Harmony Baptist Association Incorporated of Bronson FL PO Box 2557 chiefland, FL 32644	none	PC	Education	2,000
Havana History & Heritage Society Inc 204 Second Street NW havana, FL 32327	none	PC	Arts	1,000
Havana Main Street312 First Street NW havana, FL 32333	none	PC	Community needs	2,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Helping Hands of the Shelter 4429 N Hyman Hendry Rd perry, FL 32347	none	PC	Community needs	250
Hernando County Fair Association 6436 Broad St brooksville, FL 34601	none	PC	Community needs	250
Holy Comforter Episcopal School Inc 2001 Fleischmann Rd tallahassee, FL 32308	none	PC	Education	2,500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Independence Landing Inc 2910 Kerry Forest Pkwy 231 tallahassee, FL 32309	none	PC	Community needs	250
Interfaith Food ClosetPO Box 541 lanett, AL 36863	none	PC	Social Services	2,200
Interfaith Hospitality Network Greater Gainesville PO BOX 5189 gainesville, FL 32627	none	PC	Social Services	5,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Its Meow or Never For Ferals Inc 1179 Iron Bridge Rd havana, FL 32333	none	PC	Social Services	95
Jericho Road Ministries IncPO Box 864 brooksville, FL 34605	none	PC	Social Services	4,000
John Gilmore Riley Center 419 East Jefferson Street tallahassee, FL 32301	none	PC	Community needs	1,500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Junior Achievement Big Bend 2840 Pablo Ave tallahassee, FL 32308	none	PC	Education	250
Junior League of Tallahassee PO Box 13428 tallahassee, FL 32317	none	PC	Social Services	150
Keep Wakulla County Beautiful PO Box 700 crawfordville, FL 32326	none	PC	Community needs	750
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Kiwanis Club of Starke Foundation Inc PO Box 125 starke, FL 32091	none	PC	Community needs	725
Leukemia & Lymphoma Society 2859 Paces Ferry Road SE atlanta, GA 30339	none	PC	Social Services	250
Levy County Education Foundation PO Box 1386 bronson, FL 32621	none	PC	Education	7,500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Macon Area Habitat for Humanity 690 Holt Avenue macon, GA 31204	none	PC	Community needs	3,000
Macon Water Environmental Education Inc 790 2nd Street macon, GA 31202	none	PC	Community needs	3,000
Main Street of Monticello Florida P O Box 923 monticello, FL 32344	none	PC	Arts	1,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Matheson History Museum 513 E University Ave gainesville, FL 32601	none	PC	Community needs	1,500
Miccosukee Youth Education Foundation PO Box 5452 tallahassee, FL 32314	none	PC	Family/Children	500
National Hook-Up of Black Women Inc PO Box 1126 quincy, FL 32353	none	PC	Education	750
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
North Central Florida YMCA Inc 5201 NW 34th Blvd gainesville, FL 32605	none	PC	Community needs	2,500
North Florida Comm College Foundation 325 NW Turner Davis Drive madison, FL 32340	none	PC	Education	2,000
Oasis Center for Women and Girls 317 E Call Street tallahassee, FL 32301	none	PC	Social Services	650
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Oconee Fall Line Tech College Foundation 560 Pinehill Road dublin, GA 31021	none	PC	Education	1,500
Operation Santa Cause Inc 192 Evergreen Ln middleburg, FL 32068	none	PC	Family/Children	600
Panacea Waterfronts Florida Partnership PO Box 212 panacea, FL 32346	none	PC	Community needs	1,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Partnership for Stronger Families 15 N Main St chiefland, FL 32626	none	PC	Family/Children	2,500
Pilot Club of St AugustinePO Box 3761 st augustine, FL 32085	none	PC	Family/Children	1,500
Pilot Club of Tallahassee Foundation 3181 Chaires Cross Road tallahassee, FL 32317	none	PC	Education	1,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Putnam Habitat for Humanity PO Box 2433 palatka, FL 32177	none	PC	Community needs	5,000
Quincy Music Theatre 118 East Washington St quincy, FL 32351	none	PC	Arts	1,500
Red Hills Wounded Warrior Group Inc 1111 Brookwood Dr tallahassee, FL 32308	none	PC	Community needs	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Robert F Munroe Day School 91 Old Mt Pleasant Rd quincy, FL 32352	none	PC	Education	2,000
Rodeheaver FoundationPO Box 5 plalatka, FL 32178	none	PC	Family/Children	1,000
Rooterville A Sanctuary5579 Darwood St melrose, FL 32666	none	PC	Community needs	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Sav-a-Life Lanett Valley IncP O Box 46 lanett, AL 36863	none	PC	Social Services	1,000
Scholarship America One Scholarship Way Attn Finance MINNEAPOLIS, MN 55425	none	PC	Education	2,500
South City Foundation1126 Lee Ave tallahassee, FL 32303	none	PC	Social Services	10,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
St Annes Counseling Center 9870 W Fort Island Trail crystal river, FL 34429	none	PC	Social Services	1,250
Suwannee Foundation for Excellence in Education 1314 Pine Avenue SW live oak, FL 32060	none	PC	Education	2,000
Suwannee River Area Council Boy Scouts 2032 Thomasville Road tallahassee, FL 32308	none	PC	Community needs	200
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Tall Timbers Research Inc 13093 Henry Beadel Dr tallahassee, FL 32312	none	PC	Community needs	4,600
Tallahassee Community Chorus PO Box 13083 Tallahassee tallahassee, FL 32317	none	PC	Arts	500
Tallahassee Friends of Our Parks 1201 Myers Park Dr tallahassee, FL 32301	none	PC	Social Services	2,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Tallahassee Senior Citizens Foundation 1400 N Monroe Street tallahassee, FL 32303	none	PC	Social Services	1,250
Tallahassee Youth Orchestras PO Box 21104 tallahassee, FL 32303	none	PC	Arts	500
Taylor County United 3254 Grambling Lane perry, FL 32347	none	PC	Social Services	1,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Taylor Senior Citizens Center 800 W Ash Street perry, FL 32347	none	PC	Social Services	2,000
The Arc of Bradford County 1351 South Water Street starke, FL 32091	none	PC	Education	50
The ARC of Chattahoochee Valley Inc PO Box 416 6345 Fairfax Bypass valley, AL 36854	none	PC	Community needs	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
The Center for Health Equity Inc 231 E Jefferson Street quincy, FL 323512426	none	PC	Community needs	1,000
The Restoration Center of Florida Inc PO Box 15513 brooksville, FL 34609	none	PC	Community needs	5,000
The Salvation Army Clay County 2795 County Rd 220 middleburg, FL 32068	none	PC	Social Services	400
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
The Tallahassee Community Chorus P O Box 13083 tallahasse, FL 32317	none	PC	Arts	250
The Tallahssee Bach Parley Inc PO Box 1202 tallahassee, FL 32303	none	PC	Arts	500
TLC Childrens ServicesPO Box 16322 dublin, GA 31040	none	PC	Family/Children	125
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Tri-County OutreachPO Box 2194 chiefland, FL 32644	none	PC	Social Services	2,000
True Vine MinistriesPO Box 1259 starke, FL 32091	none	PC	Family/Children	500
United in Pink Inc 1515 Bass Road Suite H macon, GA 31210	none	PC	Community needs	3,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
United Methodist Church Hastings Homebou 200 Lattin St hastings, FL 32145	none	PC	Social Services	1,500
United Way of Central Georgia PO Box 1302 macon, GA 312021302	none	PC	Social Services	1,000
United Way of Hernando County 4028 Commercial Way spring hill, FL 34606	none	PC	Social Services	500
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Unity Family Community Center 20030 NE 23rd Place williston, FL 32696	none	PC	Social Services	1,000
University of Georgia Foundation 394 S Milledge Ave athens, GA 30602	none	PC	Education	250
Volunteer Florida Foundation 3800 Esplanade Way Suite 180 tallahassee, FL 32311	none	PC	Social Services	27,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Wakulla Pregnancy CenterPO Box 1121 crawfordville, FL 32327	none	PC	Social Services	500
Washington County Council on Aging 1348 South Boulevard chipley, FL 32428	none	PC	Social Services	800
We Care Food PantryPOBox 331 homosassa, FL 34448	none	PC	Social Services	2,000
Total . . . . . ▶ **3a**				246,175

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
West Point Library Association 100 West 8th St west point, GA 31833	none	PC	Family/Children	1,500
Total . . . . . ▶ **3a**				246,175

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312000500

TY 2019 Investments Corporate Bonds Schedule

Name: Capital City Bank Group Foundation Inc

EIN: 59-2276367

Software ID: 19010655

Software Version: 2019v5.0

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PIMCO Inv Grade Corp INSTL	81,918	81,660
PIMCO Low Dur INSTL Fund	123,707	121,615
Federated Ultrashort Instl bond fund	145,000	145,726
Vanguard S/T Inflation Protected Index Fund	20,530	20,971

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312000500

TY 2019 Investments Corporate Stock Schedule

Name: Capital City Bank Group Foundation Inc

EIN: 59-2276367

Software ID: 19010655

Software Version: 2019v5.0

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
Investments - Corporate Stock	1,821,007	2,517,937

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312000500

TY 2019 Other Expenses Schedule

Name: Capital City Bank Group Foundation Inc

EIN: 59-2276367

Software ID: 19010655

Software Version: 2019v5.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Filing Fees	61			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312000500

TY 2019 Other Income Schedule

Name: Capital City Bank Group Foundation Inc

EIN: 59-2276367

Software ID: 19010655

Software Version: 2019v5.0

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Income Tax Refund	224		
Miscellaneous Revenue	301		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491312000500

TY 2019 Taxes Schedule

Name: Capital City Bank Group Foundation Inc

EIN: 59-2276367

Software ID: 19010655

Software Version: 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Foreign taxes paid	727	727		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491312000500

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
Capital City Bank Group Foundation Inc

Employer identification number
59-2276367

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Capital City Bank Group Foundation Inc	59-2276367

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAPITAL CITY BANK 217 N MONROE ST TALLAHASSEE, FL 32301	$ 120,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
Capital City Bank Group Foundation Inc

Employer identification number
59-2276367

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
Capital City Bank Group Foundation Inc

Employer identification number
59-2276367

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee