

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COBB COMMUNITY FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>20-5652970</b>
	Doing business as		<b>E</b> Telephone number <b>770-859-2366</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>11,060,630.</b>
	<b>1100 CIRCLE 75 PKWY</b>	<b>1000</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30339</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>SHARI B. MARTIN</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.COBBFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2005</b>
			<b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>29</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>29</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5</b> <b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>82</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>4,436,238.</b> <b>Prior Year</b> <b>4,150,127.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>86,230.</b> <b>86,230.</b> <b>113,897.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>611,246.</b> <b>611,246.</b> <b>906,425.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>5,133,714.</b> <b>5,133,714.</b> <b>5,170,449.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,842,358.</b> <b>1,842,358.</b> <b>4,559,026.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>375,387.</b> <b>375,387.</b> <b>536,701.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>232,669.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>315,093.</b> <b>315,093.</b> <b>411,464.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,532,838.</b> <b>2,532,838.</b> <b>5,507,191.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>2,600,876.</b> <b>2,600,876.</b> <b>-336,742.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>22,816,588.</b> <b>Beginning of Current Year</b> <b>24,793,612.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>9,573,748.</b> <b>9,573,748.</b> <b>11,100,763.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>13,242,840.</b> <b>13,242,840.</b> <b>13,692,849.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>SHARI B. MARTIN, PRESIDENT AND CEO</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFF T. FUCITO</b>	Preparer's signature <b>JEFF T. FUCITO</b>	Date <b>08/02/24</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00120748</b>
	Firm's name <b>MAULDIN &amp; JENKINS, LLC</b>	Firm's EIN <b>58-0692043</b>	Phone no. <b>770-955-8600</b>		
	Firm's address <b>200 GALLERIA PKWY SE STE 1700 ATLANTA, GA 30339-5946</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: COBB COMMUNITY FOUNDATION'S MISSION IS TO BE A CATALYST FOR A THRIVING COMMUNITY BY MOBILIZING PEOPLE, IDEAS, AND RESOURCES TO IMPROVE THE QUALITY OF LIFE IN AND AROUND COBB.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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? [X] 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 \$ 4,143,931. including grants of \$ 3,991,451. ) (Revenue \$ 34,169. ) CONNECTING DONORS AND CAUSES: DONOR ADVISORS CONTRIBUTED OVER \$3 MILLION TO VARIOUS TYPES OF DONOR FUNDS ESTABLISHED AT COBB COMMUNITY FOUNDATION. LIKewise, DONOR ADVISORS AWARDED JUST UNDER \$4 MILLION IN GRANTS IN 2023 TO 329 CHARITABLE ORGANIZATIONS SERVING IN THE AREAS OF HEALTH, HUMAN SERVICES, EDUCATION, COMMUNITY SERVICE AND THE ARTS. THIS YEAR, OVER 50% OF THE TOTAL DOLLARS GRANTED WERE TO COBB NONPROFITS AND NEARLY EIGHTY PERCENT OF ALL DOLLARS GRANTED WERE GRANTED TO METRO ATLANTA AREA ORGANIZATIONS.

4b (Code: ) (Expenses \$ 311,736. including grants of \$ 169,421. ) (Revenue \$ 31,891. ) STRATEGIC IMPACT: CCF HAS BEEN WORKING THROUGHOUT THE COMMUNITY TO DEVELOP COMMUNITY RESOURCE CENTERS ("CRCS"). A CRC IS A PHYSICAL LOCATION OWNED OR OPERATED BY A TRUSTED COMMUNITY PARTNER AT WHICH MULTIPLE SERVICES ARE PROVIDED BY MULTIPLE ORGANIZATIONS. THE SERVICES PROVIDED ARE DRIVEN BY THE NEEDS OF THE COMMUNITY. CCF IS WORKING WITH SEVERAL NONPROFIT PARTNERS TO MAKE THE NEEDED SERVICES AVAILABLE IN THE AREAS WHERE THEY ARE MOST NEEDED. THE ORGANIZATIONS RECEIVING STRATEGIC IMPACT GRANTS ARE OFFERING SERVICES IN COMMUNITY, INSTEAD OF TO COMMUNITY, AND ARE FOCUSED ON CHILDCARE AND EARLY LEARNING, TRAUMA-INFORMED CARE, MENTAL HEALTH, FOOD DISTRIBUTION, AND/OR POVERTY REDUCTION.

4c (Code: ) (Expenses \$ 252,467. including grants of \$ 176,227. ) (Revenue \$ 17,085. ) SCHOLARSHIPS: COBB COMMUNITY FOUNDATION HELD 14 SCHOLARSHIP FUNDS IN 2023. FIVE OF THESE WERE ESTABLISHED BY FAMILIES AND FRIENDS IN MEMORY OF A LOVED ONE. SEVERAL WERE CREATED BY COMPANIES FOR THEIR EMPLOYEES AND DEPENDENTS OF EMPLOYEES, AND THE REMAINING SCHOLARSHIPS WERE CREATED BY AREA SOCIAL CLUBS AND ORGANIZATIONS. FIFTY-THREE SCHOLARSHIPS RANGING FROM \$1,000 TO \$10,000 WERE AWARDED TO STUDENTS ATTENDING TWENTY-NINE DIFFERENT SCHOOLS IN TEN STATES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 359,157. including grants of \$ 221,927. ) (Revenue \$ 30,752. )

4e Total program service expenses 5,067,291.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 7	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	<b>1a</b> 29		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 29		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed GA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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  
**SHARI B. MARTIN, PRESIDENT AND CEO - 770-859-2366**  
**1100 CIRCLE 75 PKWY, #1000, ATLANTA, GA 30339**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) SHARI MARTIN PRESIDENT & CEO	55.00			X			130,701.	0.	5,400.	
(2) KIM GRESH CHAIR	1.50	X		X			0.	0.	0.	
(3) CHRIS GRUEHN FIRST VICE CHAIR	1.25	X		X			0.	0.	0.	
(4) JOYETTE HOLMES SECOND VICE CHAIR	0.75	X		X			0.	0.	0.	
(5) LARRY STEVENS SECOND VICE CHAIR	1.25	X		X			0.	0.	0.	
(6) KEN HARMON SECRETARY	0.75	X		X			0.	0.	0.	
(7) CHARLIE BARNWELL TREASURER	0.75	X		X			0.	0.	0.	
(8) JIM RHODEN FOUNDING CHAIR	1.25	X					0.	0.	0.	
(9) TODD MCMULLEN IMMEDIATE PAST BOARD CHAIR	0.75	X					0.	0.	0.	
(10) AL MARTIN DIRECTOR	0.50	X					0.	0.	0.	
(11) ALANA MUELLER DIRECTOR	0.50	X					0.	0.	0.	
(12) CAROLE COX DIRECTOR	0.75	X					0.	0.	0.	
(13) BOB BONSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(14) CALLIE ANDREWS DIRECTOR	0.25	X					0.	0.	0.	
(15) DAN BUYERS DIRECTOR	0.50	X					0.	0.	0.	
(16) DONNA KRUEGER DIRECTOR	0.75	X					0.	0.	0.	
(17) CARLOS RODRIGUEZ DIRECTOR	0.50	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GASPAR RODRIGUEZ DIRECTOR	0.50	X						0.	0.	0.
(19) CHERYL RICHARDSON DIRECTOR	0.50	X						0.	0.	0.
(20) DARION DUNN DIRECTOR	0.50	X						0.	0.	0.
(21) STEVE IMLER DIRECTOR	1.25	X						0.	0.	0.
(22) SUSAN TILLERY DIRECTOR	0.75	X						0.	0.	0.
(23) TERRI BUNTEN GUTHRIE DIRECTOR	0.50	X						0.	0.	0.
(24) TRACY STYF DIRECTOR	0.50	X						0.	0.	0.
(25) TRAVIS REEVES DIRECTOR	0.50	X						0.	0.	0.
(26) TREY SANDERS DIRECTOR	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								130,701.	0.	5,400.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								130,701.	0.	5,400.

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,150,127.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 954,092.					
	<b>h Total.</b> Add lines 1a-1f .....			4,150,127.				
<b>Program Service Revenue</b>	<b>2 a</b> FEE INCOME	<b>Business Code</b>	541900	113,897.	113,897.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			113,897.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			387,951.			387,951.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
			6,408,655.					
<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,890,181.						
<b>c</b> Gain or (loss) .....	<b>7c</b>	518,474.						
<b>d</b> Net gain or (loss) .....			518,474.			518,474.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				5,170,449.	113,897.	0.	906,425.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,382,799.	4,382,799.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	176,227.	176,227.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	136,101.	88,466.	20,415.	27,220.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	307,332.	180,051.	92,079.	35,202.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	55,969.	33,618.	14,837.	7,514.
<b>10</b> Payroll taxes .....	37,299.	22,566.	9,510.	5,223.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	520.		520.	
<b>c</b> Accounting .....	16,500.		16,500.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	57,388.	57,388.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,497.	9,563.	13,781.	153.
<b>12</b> Advertising and promotion .....	42,490.			42,490.
<b>13</b> Office expenses .....	80,909.	60,125.	13,438.	7,346.
<b>14</b> Information technology .....	4,464.	2,232.	1,116.	1,116.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	49,646.	30,036.	12,658.	6,952.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	122,449.	19,262.	6,709.	96,478.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	3,685.		3,685.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES AND PUBLICATIONS</b>	9,916.	4,958.	1,983.	2,975.
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,507,191.	5,067,291.	207,231.	232,669.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	661,972.	<b>1</b>	104,038.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	87,750.	<b>3</b>	91,749.
	<b>4</b> Accounts receivable, net .....	34,167.	<b>4</b>	60,886.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....	21,833,968.	<b>11</b>	24,361,744.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	198,731.	<b>15</b>	175,195.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,816,588.	<b>16</b>	24,793,612.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,692.	<b>17</b>	7,873.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	9,555,056.	<b>25</b>	11,092,890.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,573,748.	<b>26</b>	11,100,763.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,520,664.	<b>27</b>	12,919,159.
	<b>28</b> Net assets with donor restrictions .....	722,176.	<b>28</b>	773,690.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,242,840.	<b>32</b>	13,692,849.
<b>33</b> Total liabilities and net assets/fund balances .....	22,816,588.	<b>33</b>	24,793,612.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,170,449.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,507,191.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-336,742.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,242,840.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	786,751.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,692,849.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3041940.	2022778.	2231719.	4436238.	4150127.	15882802.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3041940.	2022778.	2231719.	4436238.	4150127.	15882802.
<b>5</b> 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)						2924687.
<b>6 Public support.</b> Subtract line 5 from line 4.						12958115.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	3041940.	2022778.	2231719.	4436238.	4150127.	15882802.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	231,965.	211,286.	411,545.	311,592.	387,951.	1554339.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			830,899.	25,321.		856,220.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,272.	1,552.				3,824.
<b>11 Total support.</b> Add lines 7 through 10						18297185.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	327,295.
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	70.82 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	68.31 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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>			
<b>b</b> Did the activities described on line 2a, above, 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REFUNDS, REIMBURSEMENTS, ETC.

2019 AMOUNT: \$ 2,272.

2020 AMOUNT: \$ 1,552.

**Schedule B**  
**(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (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 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>COBB COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>20-5652970</b>
--------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>645,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>418,319.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>258,183.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>121,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>101,689.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COBB COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>20-5652970</b>
--------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>99,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COBB COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>20-5652970</b>
--------------------------------------------------------------------	---------------------------------------------------------

**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
2	STOCKS _____ _____ _____	\$ <u>193,319.</u>	<u>12/31/23</u>
3	STOCKS _____ _____ _____	\$ <u>256,933.</u>	<u>12/31/23</u>
5	STOCKS _____ _____ _____	\$ <u>101,689.</u>	<u>12/31/23</u>
7	STOCKS _____ _____ _____	\$ <u>99,841.</u>	<u>12/31/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>COBB COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>20-5652970</b>
--------------------------------------------------------------------	---------------------------------------------------------

**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 info. once.) \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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 instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COBB COMMUNITY FOUNDATION, INC. Employer identification number 20-5652970

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.

**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 make 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 program
  - 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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	624,457.	762,053.	717,836.	724,490.	638,348.
b Contributions					
c Net investment earnings, gains, and losses	90,906.	-103,950.	78,768.	52,536.	120,120.
d Grants or scholarships	33,422.	33,646.	34,551.	59,190.	33,978.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	681,941.	624,457.	762,053.	717,836.	724,490.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 30.6500 %
  - c Term endowment 69.3500 %
- 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:
- |                                                                                                                     | Yes                      | No                                  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations?                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	
(2) <b>AGENCY FUNDS</b>	<b>10,912,791.</b>
(3) <b>OPERATING LEASE OBLIGATIONS</b>	<b>180,099.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,899,812.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	786,751.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	786,751.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,113,061.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	57,388.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	57,388.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,170,449.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,449,803.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,449,803.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	57,388.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	57,388.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,507,191.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

INCOME IS REINVESTED AND REALIZED APPRECIATION AND INCOME ARE AVAILABLE FOR SPENDING SUBJECT TO RESTRICTIONS IMPOSED BY INDIVIDUAL DONORS AND THE FOUNDATION'S SPENDING POLICY. THE ENDOWMENT FUNDS ARE USED TO BENEFIT THE COBB COMMUNITY, MUST MINISTRIES, INC. AND MARIETTA KIWANIS FOUNDATION ARTS FUND.

**PART X, LINE 2:**

THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES ANY LIABILITY RESULTING FROM TAXING AUTHORITIES



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **COBB COMMUNITY FOUNDATION, INC.** Employer identification number **20-5652970**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
925 ATHLETIC MINISTRIES 3300 QUICK WATER LNDG NW KENNESAW, GA 30144	81-3494771	501(C)(3)	12,000.	0.			FAITH BASED
ACWORTH FIRST METHODIST CHURCH 4340 COLLINS CIR ACWORTH, GA 30101		501(C)(3)	30,000.	0.			FAITH BASED
ARTSBRIDGE FOUNDATION, INC. 2800 COBB GALLERIA PKWY ATLANTA, GA 30339		501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-0622514	501(C)(3)	60,450.	0.			FAITH BASED
AUBURN UNIVERSITY 152 S. COLLEGE ST. AUBURN, AL 36849		501(C)(3)	12,000.	0.			EDUCATION
BE BROKEN MINISTRIES 8235 AGORA PKWY, STE 111, BOX 167 SELMA, TX 78154-1335	20-0087201	501(C)(3)	16,500.	0.			FAITH BASED

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **105.**

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

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEREAN BIBLE BAPTIST CHURCH 3515 BUTNER RD ATLANTA, GA 30331		501(C)(3)	15,000.	0.			FAITH BASED
BOY SCOUTS OF AMERICA, ATLANTA AREA - 1800 CIRCLE 75 PKWY - ATLANTA, GA 30339		501(C)(3)	6,000.	0.			YOUTH SERVICES & DEVELOPMENT
BOYS AND GIRLS CLUB OF METRO ATLANTA - 2880 DRESDEN DR - CHAMBLEE, GA 30341		501(C)(3)	50,000.	0.			YOUTH SERVICES & DEVELOPMENT
BRYANT ELEMENTARY 6800 FACTORY SHOALS RD MABLETON, GA 30126		501(C)(3)	20,000.	0.			EDUCATION
CALVARY CHILDREN'S HOME 1430 LOST MOUNTAIN ROAD POWDER SPRINGS, GA 30127	58-0976478	501(C)(3)	70,831.	0.			YOUTH SERVICES & DEVELOPMENT
CENTER FOR FAMILY RESOURCES INC. 995 ROSWELL STREET, SUITE 100 MARIETTA, GA 30060	58-0876634	501(C)(3)	30,810.	0.			HOMELESSNESS AND POVERTY
CF FOUNDATION, INC. 57 EXECUTIVE PARK S #380 ATLANTA, GA 30329	58-1743909	501(C)(3)	15,000.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA - 1226 D'ANTIGNAC ST - AUGUSTA, GA 30901		501(C)(3)	10,000.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
CIRCLES COBB 1100 CIRCLE 75 PKWY, #1000 ATLANTA, GA 30339		501(C)(3)	124,121.	0.			HOMELESSNESS AND POVERTY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY CHURCH GAINESVILLE 311 JESSE JEWELL PKWY SE #101 GAINESVILLE, GA 30501		501(C)(3)	15,000.	0.			FAITH BASED
CITY OF HOPE CITY OF HOPE CHURCH DECATUR, GA 30032		501(C)(3)	100,000.	0.			FAITH BASED
COBB COLLABORATIVE 940 CONCORD ROAD SE SMYRNA, GA 30080	58-2278352	501(C)(3)	10,500.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF MARIETTA/COBB - 328 SE ALEXANDER ST #10 - MARIETTA, GA 30060		501(C)(3)	30,000.	0.			EDUCATION
CRU/CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832		501(C)(3)	18,500.	0.			FAITH BASED
CUMBERLAND CHRISTIAN SCHOOL 2115 PAIR RD SW MARIETTA, GA 30008		501(C)(3)	50,000.	0.			EDUCATION
CUMBERLAND HEIGHTS FOUNDATION 1320 PAPERMILL POINTE WAY KNOXVILLE, TN 37909	62-6050684	501(C)(3)	40,000.	0.			SUBSTANCE ABUSE TREATMENT AND PREVENTION
DEVEREUX GEORGIA 1291 STANLEY ROAD KENNESAW, GA 30152		501(C)(3)	10,000.	0.			PATIENT SUPPORT
FEED MARIETTA, INC. 329 NELSON ST NW MARIETTA, GA 30064	85-0980607	501(C)(3)	10,000.	0.			FOOD INSECURITY PREVENTION & NUTRITION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN ATHLETES 1513 CLEVELAND AVE ATLANTA, GA 30344		501(C)(3)	12,000.	0.			FAITH BASED
FERST READERS, INC. 1040 MONTICELLO RD MADISON, GA 30650	58-2489181	501(C)(3)	25,570.	0.			YOUTH SERVICES & DEVELOPMENT
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277		501(C)(3)	37,729.	0.			GRANTS
FIRST BAPTIST CHURCH MARIETTA 148 CHURCH ST MARIETTA, GA 30060		501(C)(3)	21,000.	0.			FAITH BASED
FIRST BAPTIST POWDER SPRINGS 4330 NORTH AVE POWDER SPRINGS, GA 30127		501(C)(3)	15,000.	0.			FAITH BASED
FIRST CONGREGATIONAL HOLINESS 741 BRADFORD ST SE GAINESVILLE, GA 30501		501(C)(3)	15,000.	0.			FAITH BASED
FIRST PRESBYTERIAN AUGUSTA 642 TELFAIR ST AUGUSTA, GA 30901		501(C)(3)	60,000.	0.			FAITH BASED
FOUR CORNERS GROUP 1 CONCOURSE PKWY SUITE 800 ATLANTA, GA 30328	46-5033563	501(C)(3)	43,000.	0.			MEDIATION SERVICES
FRIENDS OF THE STRAND INC. 117 NORTH PARK SQUARE MARIETTA, GA 30060	20-0210688	501(C)(3)	18,750.	0.			ARTS, CULTURE & HUMANITIES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA SOUTHERN UNIVERSITY 1332 SOUTHERN DR STATESBORO, GA 30458		501(C)(3)	7,500.	0.			EDUCATION
GEORGIA STATE UNIVERSITY P.O. BOX 5099 ATLANTA, GA 30302		501(C)(3)	15,000.	0.			EDUCATION
GEORGIA SYMPHONY ORCHESTRA 1171 WHITLOCK AVENUE, NW MARIETTA, GA 30064	23-7013882	501(C)(3)	10,500.	0.			ARTS, CULTURE & HUMANITIES
GRACE COMMUNITY CHURCH 770 KENNESAW AVENUE MARIETTA, GA 30060		501(C)(3)	30,000.	0.			FAITH BASED
GREATER ATLANTA CHRISTIAN SCHOOL 1575 INDIAN TRAIL LILBURN RD NW NORCROSS, GA 30093	58-0960612	501(C)(3)	500,000.	0.			EDUCATION
HABITAT FOR HUMANITY NW METRO 1625 SPRING RD SE SMYRNA, GA 30080	58-1686320	501(C)(3)	10,000.	0.			HOMELESSNESS AND POVERTY
HEBRON CHRISTIAN ACADEMY 775 DACULA RD DACULA, GA 30019		501(C)(3)	200,000.	0.			EDUCATION
HELPING HANDS CHARITABLE 1859 NORTHGATE BLVD SARASOTA, FL 34234		501(C)(3)	60,250.	0.			FAITH BASED
HOLY TRINITY ANGLICAN CHURCH 2270 DEFOOR HILLS RD NW ATLANTA, GA 30318		501(C)(3)	6,000.	0.			FAITH BASED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF BLUE RIDGE 171 MINERAL SPRINGS RD BLUE RIDGE, GA 30513		501(C)(3)	46,395.	0.			ANIMAL CARE
KENNESAW STATE UNIVERSITY 585 COBB AVENUE, MD 01119 KENNESAW, GA 30144	23-7034345	501(C)(3)	42,968.	0.			EDUCATION
KIDS ACROSS AMERICA 2036 TIMBERLAKE RD BRANSON, MO 65616		501(C)(3)	30,000.	0.			YOUTH SERVICES & DEVELOPMENT
KIDZ2LEADERS INC. 1640 POWERS FERRY RD BLDG 15, SUITE MARIETTA, GA 30067		501(C)(3)	154,500.	0.			YOUTH SERVICES & DEVELOPMENT
KENNESAW STATE UNIVERSITY FOUNDATION - 3391 TOWN POINT DRIVE NW, SUITE 4000 - KENNESAW, GA 30144	23-7034345	501(C)(3)	48,000.	0.			EDUCATION
LANIER CHRISTIAN CHURCH 2235 DAWSONVILLE HWY GAINESVILLE, GA 30506		501(C)(3)	15,000.	0.			FAITH BASED
LEE UNIVERSITY 1120 N OCOEE ST CLEVELAND, TN 37311		501(C)(3)	10,000.	0.			EDUCATION
LEGACY COLLECTIVE PO BOX 27667 AUSTIN, TX 78755	87-1730864	501(C)(3)	13,000.	0.			GRANT SUPPORT
LIFEPOINT CHURCH 3200 COBB GALLERIA PKWY, SUITE 100 ATLANTA, GA 30339		501(C)(3)	45,000.	0.			FAITH BASED

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINDLEY MIDDLE SCHOOL 50 VETERANS MEMORIAL HWY SE MABLETON, GA 30126		501(C)(3)	7,500.	0.			EDUCATION
MARIETTA CITY SCHOOLS 250 HOWARD STREET MARIETTA, GA 30060		501(C)(3)	25,000.	0.			EDUCATION
MARIETTA COMMUNITY CHURCH 3121 ERNEST W BARRETT PKWY NW MARIETTA, GA 30064		501(C)(3)	51,000.	0.			FAITH BASED
MARIETTA FIRST UNITED METHODIST CHURCH - 56 WHITLOCK AVE NW - MARIETTA, GA 30064		501(C)(3)	20,900.	0.			FAITH BASED
MARIETTA SCHOOLS FOUNDATION 144 POLK STREET MARIETTA, GA 30064		501(C)(3)	9,250.	0.			EDUCATION
MARS HILL COMMUNITY CHURCH 109 MARS HILL RD POWDER SPRINGS, GA 30127		501(C)(3)	15,000.	0.			FAITH BASED
MCCLESKY-EAST COBB FAMILY YMCA 1055 E PIEDMONT RD MARIETTA, GA 30062		501(C)(3)	16,539.	0.			ARTS, CULTURE & HUMANITIES
MCCORMICK RESEARCH INSTITUTE 4651 RUMMELL RD ST. CLOUD, FL 34771		501(C)(3)	8,000.	0.			ANIMAL CARE
MCEACHERN METHODIST CHURCH 4075 MACLAND RD POWDER SPRINGS, GA 30127		501(C)(3)	7,500.	0.			FAITH BASED

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MDE SCHOOL 1517 JOHNSON FERRY RD UNIT 100 MARIETTA, GA 30062		501(C)(3)	10,000.	0.			EDUCATION
MILFORD BAPTIST CHURCH 1030 MILFORD CHURCH RD SW MARIETTA, GA 30060		501(C)(3)	75,000.	0.			FAITH BASED
MOUNT PARAN CHRISTIAN SCHOOL 1275 STANLEY ROAD KENNESAW, GA 30152	58-2273158	501(C)(3)	47,000.	0.			EDUCATION
MUST MINISTRIES 1260 COBB PKWY N MARIETTA, GA 30062		501(C)(3)	11,500.	0.			FOOD INSECURITY PREVENTION & NUTRITION
NLA 6816 SOUTHPOINT PKWY #1000 JACKSONVILLE, FL 32216		501(C)(3)	8,500.	0.			PATIENT SUPPORT
NORTH GEORGIA COMMUNITY FOUNDATION 340 JESSE JEWELL PKWY, SUITE 605 GAINESVILLE, GA 30501		501(C)(3)	50,000.	0.			GRANT SUPPORT
NORTH RIVER CHURCH OF CHRIST 320 AUSTIN AVE NE MARIETTA, GA 30060		501(C)(3)	7,500.	0.			FAITH BASED
NORTHSTAR CHURCH 3413 BLUE SPRINGS RD KENNESAW, GA 30144		501(C)(3)	7,500.	0.			FAITH BASED
OAKS MINISTRIES PO BOX 2341 AUGUSTA, GA 30901		501(C)(3)	100,000.	0.			YOUTH SERVICES & DEVELOPMENT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORCHARD PO BOX 18577 ATLANTA, GA 31126		501(C)(3)	10,000.	0.			FAITH BASED
OUTSTRETCHED HANDS MINISTRIES 6175 HICKORY FLAT HWY #110-304 CANTON, GA 30115		501(C)(3)	11,500.	0.			YOUTH SERVICES & DEVELOPMENT
PEACHTREE ROAD UNITED METHODIST CHURCH - 3180 PEACHTREE RD NE - ATLANTA, GA 30305		501(C)(3)	12,500.	0.			FAITH BASED
PIEDMONT CHURCH 570 PIEDMONT RD MARIETTA, GA 30066		501(C)(3)	75,150.	0.			FAITH BASED
PIEDMONT PARK CONSERVANCY 400 PARK DR NE ATLANTA, GA 30306		501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
RALLY FOUNDATION 5775 GLENRIDGE DR BUILDING B, SUITE ATLANTA, GA 30328		501(C)(3)	10,000.	0.			CHILDHOOD CANCER RESEARCH
REFLECTIONS OF TRINITY INC. 4037 AUSTELL POWDER SPRINGS RD SW POWDER SPRINGS, GA 30127	26-1871591	501(C)(3)	17,000.	0.			FOOD INSECURITY PREVENTION & NUTRITION
RICHMOND GRADUATE UNIVERSITY 1900 THE EXCHANGE SE #100 ATLANTA, GA 30339		501(C)(3)	16,000.	0.			EDUCATION
RIVERSTONE CHURCH 2005 STILESBO RO RD NW KENNESAW, GA 30152		501(C)(3)	10,000.	0.			FAITH BASED

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROANOKE COLLEGE 221 COLLEGE LN SALEM, VA 24153		501(C)(3)	27,500.	0.			EDUCATION
ROCKGATE MINISTRIES 435 HASCALL ROAD ATLANTA, GA 30309		501(C)(3)	25,000.	0.			FAITH BASED
ROSWELL PRESBYTERIAN CHURCH 755 MIMOSA BLVD ROSWELL, GA 30075		501(C)(3)	11,000.	0.			FAITH BASED
ROSWELL STREET BAPTIST CHURCH 774 ROSWELL ST NE MARIETTA, GA 30060		501(C)(3)	24,000.	0.			FAITH BASED
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607		501(C)(3)	7,000.	0.			DISASTER RELIEF
SER FAMILIA 1600 ROSWELL ST SE #4 SMYRNA, GA 30080		501(C)(3)	156,000.	0.			FAMILY AND YOUTH SERVICES AND DEVELOPMENT
SHELTERS TO SHUTTERS 1921 GALLOWS ROAD, SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	10,000.	0.			HOMELESSNESS AND POVERTY
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN ROAD EVANSTON, IL 60201		501(C)(3)	10,000.	0.			MENTORING
SKT ENTERPRISES 1400 MARIETTA COUNTRY CLUB DR NW KENNESAW, GA 30152		501(C)(3)	6,754.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 53 PERIMETER CENTER E SUITE 100 - ATLANTA, GA 30346		501(C)(3)	11,250.	0.			PATIENT SUPPORT
SUVONER INC. 1101 JUNIPER ST NE APT 429 ATLANTA, GA 30309		501(C)(3)	7,000.	0.			FAITH BASED
TABERNACLE BAPTIST HIRAM 3454 JIMMY LEE SMITH PKWY HIRAM, GA 30141		501(C)(3)	7,500.	0.			FAITH BASED
THE ATLANTA OPERA INC. 1575 NORTHSIDE DRIVE NW, SUITE 350 ATLANTA, GA 30318		501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
THE EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104		501(C)(3)	5,150.	0.			LEGAL SUPPORT
THE EXTENSION INC. 1507 CHURCH STREET EXT NW NE MARIETTA, GA 30060		501(C)(3)	17,250.	0.			ADDICTION TREATMENT
THE FIRST CHRISTIAN CHURCH OF MABELTON - 878 OLD ALABAMA RD SW - MABLETON, GA 30126		501(C)(3)	10,000.	0.			FAITH BASED
THE GEORGE W. BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205		501(C)(3)	15,000.	0.			OPERATIONAL SUPPORT
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069		501(C)(3)	10,000.	0.			LGBTQIA+ SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED MILITARY CARE 1220 OLD CANTON RD MARIETTA, GA 30062		501(C)(3)	7,500.	0.			VETERANS SUPPORT
UNIVERSITY OF GEORGIA 104 CALDWELL HALL ATHENS, GA 30602		501(C)(3)	24,892.	0.			EDUCATION
UNIVERSITY OF TENNESSEE 211 STUDENT SERVICES BUILDING KNOXVILLE, TN 37996		501(C)(3)	6,000.	0.			EDUCATION
VALPARAISO UNIVERSITY ATHLETICS 1009 UNION STREET VALPARAISO, IN 46383		501(C)(3)	10,000.	0.			EDUCATION
WORLD RELIEF CORP OF NATIONAL ASSOCIATION - 7 EAST BALTIMORE ST - BALTIMORE, MD 21202		501(C)(3)	30,000.	0.			HUMANITARIAN DISASTER RELIEF
WORLDTEAM INTERNATIONAL INC. PO BOX 1007 WASHINGTON, PA 18976		501(C)(3)	8,250.	0.			FAITH BASED
YOUNG LIFE 420 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	25,000.	0.			FAITH BASED
YOUTH EMPOWERMENT THROUGH LEARNING, LEADING, AND SERVING - 779 FRANKLIN GATEWAY SE - MARIETTA, GA 30067	27-0900525	501(C)(3)	248,000.	0.			YOUTH SERVICES & DEVELOPMENT
YOUTH INCORPORATED PO BOX 17590 ATLANTA, GA 30316		501(C)(3)	20,000.	0.			YOUTH SERVICES & DEVELOPMENT

Schedule I (Form 990)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATIONAL SCHOLARSHIPS	53	176,227.	0.		

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

PART I, LINE 2:

CCF STAFF IS IN FREQUENT CONTACT WITH RECIPIENT ORGANIZATIONS OF  
DISCRETIONARY GRANTS FROM FOUNDATION COMMUNITY FUNDS.

SCHEDULE I

CERTAIN BOARD MEMBERS ARE ON THE BOARDS OF GRANT RECIPIENTS. THESE  
BOARD MEMBERS RECUSE THEMSELVES FROM BOARD GRANT DECISION-MAKING TO  
SUCH RECIPIENT ORGANIZATIONS. RECUSAL PREVENTS CONFLICTS OF INTEREST  
AND ENABLES THE BOARD MEMBER TO RETAIN INDEPENDENCE AS A BOARD MEMBER.

**Part IV** Supplemental Information

SCHEDULE I PART III

THROUGH A COMPETITIVE SELECTION PROCESS, INDIVIDUAL SCHOLARSHIP RECIPIENTS ARE SELECTED BY A BOARD SELECTION COMMITTEE. SCHOLARSHIPS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION OF THE SCHOLARSHIP WINNER'S CHOICE. NO DONORS, DONOR ADVISORS, OR RELATIVES OF SAME, RECEIVED SCHOLARSHIPS NOR CONTROL OVER FINAL SELECTIONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **COBB COMMUNITY FOUNDATION, INC.**  
Employer identification number: **20-5652970**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	954,092.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTORS

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A BROKERAGE FIRM TO FACILITATE DONATED SECURITIES  
TRANSACTIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

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

COBB COMMUNITY FOUNDATION IS A PUBLIC CHARITY DRIVEN TO HELP COBB COUNTY AND THE IMMEDIATELY SURROUNDING AREA BECOME A THRIVING COMMUNITY OF ENGAGED, CHARITABLE CITIZENS WHERE ALL PEOPLE CAN ACCESS OPPORTUNITIES AND ACHIEVE THEIR GREATEST POTENTIAL. WE ARE A GRANT MAKER. WE ARE A CHARITABLE FUND MANAGER. WE ARE A COMMUNITY CATALYST, FOSTERING COLLABORATION FOR LONG-TERM IMPACT. THESE ROLES ARE EMBODIED IN OUR RECENTLY REVISED MISSION STATEMENT: BE A CATALYST FOR A THRIVING COMMUNITY MOBILIZING PEOPLE IDEAS AND RESOURCES TO IMPROVE QUALITY OF LIFE IN AND AROUND COBB. IN 2023, COBB COMMUNITY FOUNDATION MADE TOTAL GRANTS AND SCHOLARSHIPS OF NEARLY \$4.6 MILLION, 50% OF WHICH WAS AWARDED TO ORGANIZATIONS IN COBB COUNTY, GEORGIA AND 71% OF WHICH WAS AWARDED TO ORGANIZATIONS IN METRO ATLANTA.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

STUDENT EDUCATIONAL SCHOLARSHIPS

**FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:**

THE ORGANIZATION DISCONTINUED THRIVE GRANTS. THE CAPACITY BUILDING PROGRAMS EVOLVED INTO THE CERTIFIED NONPROFIT PROFESSIONAL PROGRAM.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

IN ADDITION TO GRANTS MADE TO ORGANIZATIONS PROVIDING THESE SERVICES, GRANTS HAVE ALSO BEEN MADE TO NEWLY ESTABLISHED FIELD OF INTEREST FUNDS TO ENSURE THAT FUNDING IS AVAILABLE FOR THESE PURPOSES IN THE AS WELL

Name of the organization

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

AS TO PROVIDE VEHICLES FOR THIRD-PARTY CONTRIBUTIONS IN SUPPORT OF THESE CAUSES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CERTIFIED NONPROFIT PROFESSIONAL PROGRAM: CCF'S 2019 NEEDS ASSESSMENT

CLARIFIED THE NEED TO HELP SMALLER NONPROFITS PROVIDING SERVICES IN

SOUTH COBB TO BUILD THEIR CAPACITY. CCF AND UNITED WAY OF GREATER

ATLANTA NW METRO REGION PARTNERED TO IDENTIFY, DEVELOP AND FUND

PROGRAMS THAT WOULD BE MOST BENEFICIAL TO SELECTED ORGANIZATIONS. IN

2024, CCF AND UNITED WAY PARTNERED WITH KENNESAW STATE UNIVERSITY TO

FUND PARTICIPATION IN THE CERTIFIED NONPROFIT PROFESSIONAL PROGRAM, THE

ONLY NATIONALLY RECOGNIZED CREDENTIAL IN NONPROFIT MANAGEMENT THAT

PROVIDES LEARNING AND REAL-WORLD EXPERIENCE. THE CREDENTIAL IS OBTAINED

THROUGH A 6-MONTH ONLINE COURSE PLUS FOUR (4) IN-PERSON WORKSHOPS,

FACILITATED AND HOSTED BY KSU. FOLLOWING COMPLETION OF THE PROGRAM AND

WORKSHOPS, EACH PARTICIPANT WILL RECEIVE A \$10,000 UNRESTRICTED GRANT

FOR THE PROGRAM. THESE GRANT DOLLARS (INCLUDED ABOVE) HAVE BEEN SET

ASIDE IN A FIELD OF INTEREST FUND AND WILL BE DISTRIBUTED UPON PROGRAM

COMPLETION IN 2024.

EXPENSES \$ 106,913. INCLUDING GRANTS OF \$ 81,500. REVENUE \$ 5,695.

COBB THRIVES GIFT GUIDE: CCF INTRODUCED THE COBB THRIVES GIFT GUIDE IN

2023, A NEW OPPORTUNITY TO CREATE COMMUNITY SUPPORT FOR 30 NONPROFITS

TO HELP THEM GET DIFFICULT YEAR END WISHES FULFILLED. NONPROFITS WERE

SELECTED TO PARTICIPATE IN THE GUIDE BASED ON A COMPETITIVE GRANT

PROCESS. THE CATALOG WAS DISTRIBUTED ONLINE AND IN PRINT VIA REGULAR

MAIL AND A DISTRIBUTION COURTESY OF OUR LOCAL PAPER. A TOTAL OF

\$71,254 IN CONTRIBUTIONS, INCLUDING \$18,084 MADE BY CCF, WERE MADE TO

Name of the organization COBB COMMUNITY FOUNDATION, INC.	Employer identification number 20-5652970
-------------------------------------------------------------	----------------------------------------------

DESIGNATED FUNDS ESTABLISHED FOR THE ORGANIZATIONS AND WERE DISTRIBUTED IN FULL IN EARLY 2024. ORGANIZATIONS BENEFITED NOT ONLY FROM THE DOLLARS RECEIVED BUT FROM THE VISIBILITY CREATED.

EXPENSES \$ 99,790. INCLUDING GRANTS OF \$ 23,550. REVENUE \$ 17,085.

OTHER DONOR FUNDS: THESE ARE GRANTS MADE FROM NON-DONOR ADVISED FUNDS INCLUDING DESIGNATED FUNDS, EMPLOYEE ASSISTANCE FUNDS, FIELD OF INTEREST FUNDS (OTHER THAN THOSE REFERENCED ABOVE), AND OTHER UNRESTRICTED FUNDS.

EXPENSES \$ 100,127. INCLUDING GRANTS OF \$ 79,797. REVENUE \$ 4,556.

NONPROFIT EDUCATION FUND: CCF CREATED A FIELD OF INTEREST FUND TO ENSURE THE AVAILABILITY OF FUNDING FOR NONPROFIT EDUCATION PROGRAMS IN THE FUTURE. CCF INTENDS TO ADD TO THIS FUND OVER TIME AS WELL AS ENCOURAGE THIRD-PARTY CONTRIBUTIONS.

EXPENSES \$ 13,541. INCLUDING GRANTS OF \$ 11,000. REVENUE \$ 569.

NONPROFIT AWARDS: CONSISTENT WITH CCF'S EMPHASIS ON COLLABORATION IN THE NONPROFIT COMMUNITY, CCF ALSO FUNDED AWARDS FOR OUTSTANDING COLLABORATIVE SPIRIT.

EXPENSES \$ 19,583. INCLUDING GRANTS OF \$ 14,500. REVENUE \$ 1,139.

STAFF DISCRETIONARY GRANTS: THESE ARE GRANTS THAT ARE MADE FROM CCF'S UNRESTRICTED FUNDS THAT ARE MEETING AN IMMEDIATE COMMUNITY NEED THAT IS NOT NECESSARILY STRATEGIC BUT IS NEVERTHELESS PRUDENT. DISCRETIONARY GRANTS ALSO INCLUDE THOSE THAT ARE AWARDED IN HONOR OR IN MEMORY OF SOMEONE CLOSE TO THE ORGANIZATION.

EXPENSES \$ 19,203. INCLUDING GRANTS OF \$ 11,580. REVENUE \$ 1,708.

Name of the organization COBB COMMUNITY FOUNDATION, INC.	Employer identification number 20-5652970
-------------------------------------------------------------	----------------------------------------------

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

THE PRESIDENT/CEO AND THE AUDIT AND FINANCE COMMITTEE OF THE BOARD PERFORM INITIAL AND SUBSEQUENT REVIEWS OF THE DRAFT FORM 990. THIS COMMITTEE THEN PROVIDES A COPY OF THE FINAL DRAFT 990 TO THE BOARD FOR REVIEW AND APPROVAL. QUESTIONS ARE PRESENTED TO THE TAX PREPARER THROUGHOUT THE PROCESS TO ENSURE ANY NECESSARY ADJUSTMENTS ARE MADE.

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

EACH DIRECTOR AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
- B. HAS READ AND UNDERSTANDS THE POLICY,
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSE.

PROCEDURES ARE IN PLACE FOR ADDRESSING ANY CONFLICTS OF INTEREST.

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

THE BOARD ESTABLISHES SALARY LEVELS BASED UPON COMPARABLE POSITIONS AT COMPARABLE NON-PROFIT ORGANIZATIONS.

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. TAX RETURNS AND AUDITED FINANCIALS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization COBB COMMUNITY FOUNDATION, INC.	Employer identification number 20-5652970
-------------------------------------------------------------	----------------------------------------------

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE TO THE AUDITOR SELECTION PROCESS FOR 2023.