

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)

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: COBB COMMUNITY FOUNDATION, INC. D Employer identification number: 20-5652970 E Telephone number: 770-859-2366 G Gross receipts \$: 32,722,739. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.COBBFOUNDATION.ORG K Form of organization: L Year of formation: 2005 M State of legal domicile: GA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7 Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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.

Sign Here: SHARI B. MARTIN, PRESIDENT AND CEO. Preparer: MELISSA SEWARD, MAULDIN & JENKINS, LLC. Date: 05/12/25. PTIN: P02145103.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,326,613. including grants of \$ 4,903,342. ) (Revenue \$ ) CONNECTING DONORS AND CAUSES: DONOR AND COMMITTEE ADVISORS AWARDED OVER \$4.9 MILLION IN GRANTS IN 2024 TO 446 CHARITABLE ORGANIZATIONS WORKING TO ADDRESS NUMEROUS ISSUES. NONPROFIT GRANTEES INCLUDED THOSE ADDRESSING VARIOUS ASPECTS OF HEALTH AND HUMAN SERVICES, EDUCATION, AND THE ARTS AS WELL AS FAITH-BASED ORGANIZATIONS. OVER TWO-THIRDS OF THE TOTAL DOLLARS GRANTED BY COBB COMMUNITY FOUNDATION WERE TO COBB NONPROFITS AND NEARLY EIGHTY PERCENT OF ALL DOLLARS GRANTED WERE GRANTED TO METRO ATLANTA AREA ORGANIZATIONS.

4b (Code: ) (Expenses \$ 880,442. including grants of \$ 809,743. ) (Revenue \$ ) MATCH MAGIC: COBB COMMUNITY FOUNDATION'S MATCH MAGIC GIVEATHON PROVIDED 25 LOCAL NONPROFITS WITH RESOURCES TO LEVERAGE THEIR FUNDRAISING EFFORTS DURING A 2-WEEK PERIOD ENDING ON DECEMBER 3, 2024. SELECTED FROM 42 APPLICANTS, 25 PARTICIPATING ORGANIZATIONS RECEIVED TRAINING, TEMPLATES, AND MARKETING TOOLS TO EFFECTIVELY SHARE THEIR STORIES AND ENGAGE SUPPORTERS. WITH SUPPORT FROM CCF, THESE ORGANIZATIONS IMPLEMENTED COORDINATED CAMPAIGNS ACROSS EMAIL, SOCIAL MEDIA, NEWSLETTERS, AND MEDIA OUTLETS. AS A RESULT, THEY RAISED \$703,000 TO SUPPORT CRITICAL SERVICES IN FOOD, HOUSING, EDUCATION, SAFETY, AND HEALTHCARE. THE INITIATIVE NOT ONLY GENERATED FUNDS BUT ALSO HELPED NONPROFITS EXPAND THEIR REACH AND DONOR BASE. PARTICIPATING ORGANIZATIONS RECEIVED 100% OF THE DOLLARS THEY RAISED (LESS CREDIT

4c (Code: ) (Expenses \$ 285,057. including grants of \$ 241,045. ) (Revenue \$ ) STRATEGIC INITIATIVES: COBB COMMUNITY FOUNDATION IS FOCUSING OUR DISCRETIONARY COMMUNITY GRANTMAKING ON TWO KEY AREAS: NONPROFIT CAPACITY BUILDING AND COMMUNITY PROBLEM-SOLVING.

IN ADDITION TO THE RESOURCES AND TOOLS PROVIDED DURING MATCH MAGIC, AND CCF AND UNITED WAY OF GREATER ATLANTA NW METRO REGION HAVE PARTNERED TO IDENTIFY, DEVELOP AND FUND PROGRAMS THAT WOULD BE MOST BENEFICIAL TO SELECTED ORGANIZATIONS. IN ADDITION TO JOINTLY OFFERING A NONPROFIT LEARNING SERIES, CCF AND UNITED WAY ALSO 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 294,422. including grants of \$ 253,043. ) (Revenue \$ 110,028.)

4e Total program service expenses 6,786,534.

**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> .....		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> .....		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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<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> .....		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> .....		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> .....		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> .....		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> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>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> .....		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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	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>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, 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			135,282.	0.	1,800.	
(2) CHRIS GRUEHN CHAIR	1.75	X		X			0.	0.	0.	
(3) SUSAN TILLERY FIRST VICE CHAIR	1.25	X		X			0.	0.	0.	
(4) TODD MCMULLEN SECOND VICE CHAIR	0.75	X		X			0.	0.	0.	
(5) LARRY STEVENS SECOND VICE CHAIR	1.25	X		X			0.	0.	0.	
(6) CHERYL RICHARDSON SECRETARY	1.00	X		X			0.	0.	0.	
(7) CHARLIE BARNWELL TREASURER	1.50	X		X			0.	0.	0.	
(8) KIM GRESH IMMEDIATE PAST BOARD CHAIR	1.25	X					0.	0.	0.	
(9) JIM RHODEN FOUNDING CHAIR	1.25	X					0.	0.	0.	
(10) AL MARTIN DIRECTOR	0.75	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	0.75	X					0.	0.	0.	
(14) LAUREN ABERNATHY DIRECTOR	0.50	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) KEN HARMON 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) TERRI BUNTEN GUTHRIE DIRECTOR	0.50	X						0.	0.	0.
(23) LEANA KART DIRECTOR	0.50	X						0.	0.	0.
(24) TRAVIS REEVES DIRECTOR	0.50	X						0.	0.	0.
(25) TREY SANDERS DIRECTOR	0.50	X						0.	0.	0.
(26) CONDACE PRESSLEY DIRECTOR	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								135,282.	0.	1,800.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								135,282.	0.	1,800.

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	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	16,520,229.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,131,270.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		16,520,229.				
Program Service Revenue	<b>2 a</b>	FEE INCOME	<b>Business Code</b>	541900	110,028.	110,028.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			110,028.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		511,794.			511,794.	
	<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				
					15,577,592.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	15,059,975.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	517,617.				
	<b>d</b>	Net gain or (loss) .....			517,617.		517,617.	
<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 .....							
Miscellaneous Revenue	<b>11 a</b>	REFUNDS, REIMBURSEMENTS, ETC.	<b>Business Code</b>	900099	3,096.		3,096.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			3,096.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			17,662,764.	110,028.	0.	1032507.	

**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 ...	6,207,173.	6,207,173.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<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 .....	137,082.	54,833.	54,833.	27,416.
<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 .....	273,252.	185,681.	58,764.	28,807.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	63,477.	37,206.	17,574.	8,697.
<b>10</b> Payroll taxes .....	34,655.	20,313.	9,594.	4,748.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	15,926.		15,926.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	79,499.	79,499.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	48,856.	48,856.		
<b>12</b> Advertising and promotion .....	146,259.	25,823.		120,436.
<b>13</b> Office expenses .....	93,569.	72,682.	16,263.	4,624.
<b>14</b> Information technology .....	2,251.	1,125.	563.	563.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	50,896.	29,833.	14,089.	6,974.
<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 .....	19,255.	11,063.	6,701.	1,491.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	1,712.	470.	1,132.	110.
<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 FUNDHOLDER FUNDRAISERS</b>	52,870.			52,870.
<b>b CCF DONOR DEVELOPMENT</b>	31,361.	9,535.		21,826.
<b>c DUES AND PUBLICATIONS</b>	4,884.	2,442.	977.	1,465.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,262,977.	6,786,534.	196,416.	280,027.
<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 .....	104,038.	<b>1</b>	1,893,309.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	91,749.	<b>3</b>	69,329.
	<b>4</b> Accounts receivable, net .....	60,886.	<b>4</b>	0.
	<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>	2,447.
	<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 .....	24,361,744.	<b>11</b>	32,112,296.
	<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 .....	175,195.	<b>15</b>	151,320.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,793,612.	<b>16</b>	34,228,701.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,873.	<b>17</b>	29,293.
	<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 .....	11,092,890.	<b>25</b>	9,187,465.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,100,763.	<b>26</b>	9,216,758.
<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 .....	12,919,159.	<b>27</b>	24,237,604.
	<b>28</b> Net assets with donor restrictions .....	773,690.	<b>28</b>	774,339.
	<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 .....	13,692,849.	<b>32</b>	25,011,943.
	<b>33</b> Total liabilities and net assets/fund balances .....	24,793,612.	<b>33</b>	34,228,701.

**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>	17,662,764.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,262,977.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,399,787.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,692,849.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	919,307.
<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>	25,011,943.

**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		<b>X</b>
<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	<b>X</b>	
<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.	<b>X</b>	
<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? _____		<b>X</b>
<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2022778.	2231719.	4436238.	4150127.	16520229.	29361091.
<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 .....	2022778.	2231719.	4436238.	4150127.	16520229.	29361091.
<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) .....						10682875.
<b>6 Public support.</b> Subtract line 5 from line 4.						18678216.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2022778.	2231719.	4436238.	4150127.	16520229.	29361091.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	211,286.	411,545.	311,592.	387,951.	511,794.	1834168.
<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.) .....	1,552.				3,096.	4,648.
<b>11 Total support.</b> Add lines 7 through 10						32056127.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	403,119.
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	58.27	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	70.82	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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.		
<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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section C - Distributable Amount			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 (describe in <b>Part VI</b> ). 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 2024 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-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			



**Schedule B  
(Form 990)**

(Rev. December 2024)  
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

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).

Name of organization  <b>COBB COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>20-5652970</b>
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**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>7,094,359.</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>1,607,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>495,598.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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
4	DONATED SECURITIES _____ _____ _____	\$ <u>1,000,000.</u>	<u>12/31/24</u>
5	DONATED SECURITIES _____ _____ _____	\$ <u>495,598.</u>	<u>12/19/24</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>COBB COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>20-5652970</b>
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**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>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	115	42
2 Aggregate value of contributions to (during year) .....	13,777,191.	2,819,720.
3 Aggregate value of grants from (during year) .....	4,861,839.	1,345,334.
4 Aggregate value at end of year .....	21,758,173.	2,928,966.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance	681,941.	624,457.	762,053.	717,836.	724,490.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	79,766.	90,906.	-103,950.	78,768.	52,536.
<b>d</b> Grants or scholarships	37,619.	33,422.	33,646.	34,551.	59,190.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	724,088.	681,941.	624,457.	762,053.	717,836.

- 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 28.8640 %
  - c** Term endowment 71.1360 %
- 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       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations?   |     | <b>X</b> |
| <b>(ii)</b> Related organizations?  |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |          |
- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> 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>9,029,785.</b>
(3) <b>OPERATING LEASE OBLIGATIONS</b>	<b>157,680.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>9,187,465.</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>	18,502,572.
<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>	919,307.
<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 2a through 2d	<b>2e</b>	919,307.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	17,583,265.
<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>	79,499.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	79,499.
<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>	17,662,764.

**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>	7,183,478.
<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 2a through 2d	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	7,183,478.
<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>	79,499.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	79,499.
<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>	7,262,977.

**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 IMPOSING ADDITIONAL INCOME TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE FOUNDATION'S TAX-EXEMPT STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE FOUNDATION'S FINANCIAL STATEMENTS.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
10 WOMEN OF HOPE P.O. BOX 1263 MARIETTA, GA 30061	26-2878472	501(C)(3)	25,622.	0.			FAMILY SUPPORT
21ST CENTURY LEADERS P.O. BOX 1125 MARIETTA, GA 30061	58-1820875	501(C)(3)	7,000.	0.			YOUTH DEVELOPMENT
925 ATHLETIC MINISTRIES, INC. 3330 COBB PARKWAY #324-256 ACWORTH, GA 30101	81-3494771	501(C)(3)	15,000.	0.			FAITH BASED
ACWORTH FIRST METHODIST CHURCH 4340 COLLINS CIRCLE ACWORTH, GA 30101		501(C)(3)	60,000.	0.			FAITH BASED
ALOHA TO AGING, INC. 1612 MORNINGSIDE TRCE MARIETTA, GA 30062	27-0815236	501(C)(3)	13,705.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
ANGEL EXPRESS INC 23 RIDGEVIEW DRIVE SE SILVER CREEK, GA 30173	58-2139067	501(C)(3)	10,000.	0.			HOMELESSNESS AND POVERTY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 129.

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

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

Schedule I (Form 990) (Rev. 12-2024)

**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
ARTSBRIDGE FOUNDATION, INC. 2800 COBB GALLERIA PARKWAY ATLANTA, GA 30339	20-1638556	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
ARTZ FOR THE HARP 5071 AUSTELL POWDER SPRINGS ROAD, S CLARKDALE, GA 30111	47-4954271	501(C)(3)	16,034.	0.			ARTS, CULTURE & HUMANITIES
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-0622514	501(C)(3)	9,500.	0.			FOOD INSECURITY ASSISTANCE
ATLANTA INNER-CITY MINISTRY, INC 1966 LAKEWOOD TER SE ATLANTA, GA 30315	74-3101988	501(C)(3)	100,000.	0.			YOUTH SERVICES & DEVELOPMENT
ATLANTA RONALD MCDONALD HOUSE CHARITIES - 795 GATEWOOD ROAD NE - ATLANTA, GA 30329	58-1295754	501(C)(3)	31,250.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
ATLANTA YOUTH TENNIS & EDUCATION FOUNDATION - 6075 THE CORNERS PARKWAY SUITE 100 - PEACHTREE CORNERS, GA 30092	04-3750678	501(C)(3)	19,295.	0.			YOUTH DEVELOPMENT
AUGUSTA WORSHIP CENTER 3840 MIKE PADGETT HIGHWAY AUGUSTA, GA 30906	27-1197624	501(C)(3)	10,000.	0.			FAITH BASED
BE BROKEN MINISTRIES, INC. 8235 AGORA PARKWAY SUITE 111 BOX 16 SELMA, TX 78154	20-0087201	501(C)(3)	29,300.	0.			FAITH BASED
BELLS FERRY ELEMENTARY 2600 BELLS FERRY ROAD NE MARIETTA, GA 30066		GOVT	7,500.	0.			EDUCATION

**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 ROAD S.W. ATLANTA, GA 30331		501(C)(3)	30,000.	0.			FAITH BASED
BLUE THANKSGIVING PO BOX 5238 MARIETTA, GA 30061	84-1954258	501(C)(3)	7,234.	0.			FIRST RESPONDER SUPPORT
BRYANT ELEMENTARY 6800 FACTORY SHOALS ROAD MABLETON, GA 30126		GOVT	25,000.	0.			EDUCATION
CALVARY CHILDREN'S HOME 1430 LOST MOUNTAIN ROAD POWDER SPRINGS, GA 30127	58-0976478	501(C)(3)	55,444.	0.			YOUTH SERVICES & DEVELOPMENT
CARING CRADLE PO BOX 93215 LAKELAND, FL 33804			18,285.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
CEDARCREST CHURCH INC 4600 COBB PARKWAY NORTH NW ACWORTH, GA 30101	26-3964943	501(C)(3)	10,000.	0.			FAITH BASED
CENTER FOR FAMILY RESOURCES INC. 400 FRANKLIN GATEWAY, SUITE 250 MARIETTA, GA 30067	58-0876634	501(C)(3)	30,238.	0.			HOMELESSNESS AND POVERTY
CHATTAHOOCHEE BAPTIST CHURCH 375 JOHNSON FERRY RD MARIETTA, GA 30068	58-1299299	501(C)(3)	10,000.	0.			FAITH BASED
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA, INC - PO BOX 2344 - AUGUSTA, GA 30903	20-5404353	501(C)(3)	40,000.	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
CIRCLES COBB, INC. 840 ERNEST BARRETT PARKWAY #440151 KENNESAW, GA 30160	88-2794203	501(C)(3)	78,192.	0.			HOMELESSNESS AND POVERTY
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	58-2194642	501(C)(3)	49,500.	0.			HOMELESSNESS AND POVERTY
COBB COUNTY PUBLIC SAFETY FOUNDATION, INC. - P.O. BOX 672348 - MARIETTA, GA 30006	83-1679641	501(C)(3)	29,800.	0.			FIRST RESPONDER SUPPORT
COBB COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION, INC. - P.O. BOX 1288 - MARIETTA, GA 30061	58-2487501	501(C)(3)	10,500.	0.			EDUCATION
COBB LANDMARKS AND HISTORICAL SOCIETY INC. - 80 NORTH MARIETTA PARKWAY, NW - MARIETTA, GA 30060	58-1827362	501(C)(3)	137,500.	0.			ARTS, CULTURE & HUMANITIES
COMMUNITIES IN SCHOOLS OF MARIETTA COBB COUNTY INC. - 328 ALEXANDER STREET SUITE 10 - MARIETTA, GA 30060		501(C)(3)	65,513.	0.			EDUCATION
CRU/CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832	95-6006173	501(C)(3)	20,250.	0.			FAITH BASED
CUMBERLAND CHRISTIAN ACADEMY 545 LORENE DR SW MARIETTA, GA 30060	58-1848232	501(C)(3)	50,000.	0.			EDUCATION
CUMBERLAND COUNSELING CENTERS 3059 SOUTH COBB DRIVE SMYRNA, GA 30080	85-4258055	501(C)(3)	111,957.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES

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
CUMBERLAND HEIGHTS FOUNDATION, INC. - P.O. BOX 90727 - NASHVILLE, TN 37209	62-6050684	501(C)(3)	25,000.	0.			SUBSTANCE ABUSE TREATMENT AND PREVENTION
DAVIS DIRECTION FOUNDATION INC. 32 NORTH FAIRGROUND STREET, NE MARIETTA, GA 30060	47-1370495	501(C)(3)	22,543.	0.			SUBSTANCE ABUSE TREATMENT AND PREVENTION
DUNLEITH ELEMENTARY SCHOOL 120 SAINTE DRIVE, SW #3878 MARIETTA, GA 30008		GOVT	25,000.	0.			EDUCATION
ELIZABETH BAPTIST 4245 CASCADE ROAD SW ATLANTA, GA 30331	58-1427540	501(C)(3)	10,000.	0.			FAITH BASED
EMERGENCY ASSISTANCE FOUNDATION, INC - P.O. BOX 737099 - DALLAS, TX 75373	45-1813056	501(C)(3)	10,000.	0.			DISASTER RELIEF
EVER FAITHFUL MISSIONARY BAPTIST PO BOX 691 AUGUSTA, GA 30903		501(C)(3)	10,000.	0.			FAITH BASED
FAIR STREET ELEMENTARY 695 FAIR STREET GAINESVILLE, GA 30501		GOVT	7,500.	0.			EDUCATION
FAMILY LIFE RESTORATION CENTER, INC. - 6105 MABLETON PARKWAY - MABLETON, GA 30126	75-2995341	501(C)(3)	34,128.	0.			HOMELESSNESS AND POVERTY
FEED MARIETTA INC 329 NELSON STREET NW MARIETTA, GA 30064	85-0980607	501(C)(3)	10,000.	0.			FOOD INSECURITY ASSISTANCE

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
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 932 DOUGLAS, GA 31534	58-1986546	501(C)(3)	17,000.	0.			FAITH BASED
FERST READERS, INC. PO BOX 1327 MADISON, GA 30650	58-2489181	501(C)(3)	10,000.	0.			YOUTH SERVICES & DEVELOPMENT
FIRST BAPTIST CHURCH MARIETTA 148 CHURCH STREET MARIETTA, GA 30060	58-0625579	501(C)(3)	42,000.	0.			FAITH BASED
FIRST CONGREGATIONAL HOLINESS PO BOX 620 GAINESVILLE, GA 30503		501(C)(3)	30,000.	0.			FAITH BASED
FIRST PRESBYTERIAN AUGUSTA 615 TELFAIR STREET AUGUSTA, GA 30901		501(C)(3)	40,000.	0.			FAITH BASED
FIRST PRESBYTERIAN CHURCH 189 CHURCH ST NE MARIETTA, GA 30060	58-0610065	501(C)(3)	36,500.	0.			FAITH BASED
FOOD SECURITY FOR AMERICA 1099 PINEDALE DRIVE, SE SMYRNA, GA 30080	30-0720156	501(C)(3)	67,574.	0.			FOOD INSECURITY ASSISTANCE
FOUR CORNERS GROUP 1425 RIDENOUR BLVD. SUITE #6103 KENNESAW, GA 30152	46-5033563	501(C)(3)	46,097.	0.			MEDIATION SERVICES
FREEDOM YOUTH YOGA PO BOX 813722 SMYRNA, GA 30080	83-1671474	501(C)(3)	10,000.	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
FRIENDS OF THE STRAND INC. P.O. BOX 4186 MARIETTA, GA 30061	20-0210688	501(C)(3)	118,819.	0.			ARTS, CULTURE & HUMANITIES
GEORGIA SYMPHONY ORCHESTRA 36 TRAMMELL STREET, SW SUITE 100 MARIETTA, GA 30064	23-7013882	501(C)(3)	45,822.	0.			ARTS, CULTURE & HUMANITIES
GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, N.W. ATLANTA, GA 30332	58-0622514	501(C)(3)	20,000.	0.			EDUCATION
GEORGIA TECH FOUNDATION, INC 760 SPRING STREET N.W. SUITE 400 ATLANTA, GA 30308	58-6043294	501(C)(3)	11,000.	0.			EDUCATION
GOOD SAMARITAN HEALTH CENTER OF COBB, INC. - 1605 ROBERTA DRIVE, SW - MARIETTA, GA 30008	32-0045238	501(C)(3)	25,087.	0.			FAITH BASED
GOSPEL NATION CHURCH 4711 MEADOWS ROAD POWDER SPRINGS, GA 30127		501(C)(3)	10,000.	0.			FAITH BASED
GRACEPOINT SCHOOL FOR DYSLEXIA 570 PIEDMONT ROAD MARIETTA, GA 30066	45-4397361	501(C)(3)	10,000.	0.			EDUCATION
GREATER ATLANTA CHRISTIAN SCHOOLS, INC. - 1575 INDIAN TRAIL ROAD - NORCROSS, GA 30093	58-0960612	501(C)(3)	85,000.	0.			EDUCATION
H O P E FAMILY RESOURCE CENTER 6108 MABLETON PARKWAY STE 116 MABLETON, GA 30126	26-4331781	501(C)(3)	17,637.	0.			FAMILY 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
HELPING HANDS CHARITABLE FOUNDATION - 135 MAIN STREET PO BOX 337 - TALLULAH FALLS, GA 30573	20-8670440	501(C)(3)	17,000.	0.			HOMELESSNESS AND POVERTY
HELPING HANDS MINISTRIES INC 1859 NORTHGATE BOULEVARD SARASOTA, FL 34234	58-2266139	501(C)(3)	67,500.	0.			FAITH BASED
K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	12,000.	0.			FIRST RESPONDER SUPPORT
KATES CLUB INC. 1190 WEST DRUID HILLS DRIVE NE ATLANTA, GA 30329	16-1646487	501(C)(3)	10,000.	0.			YOUTH SERVICES & DEVELOPMENT
KENNESAW STATE UNIVERSITY FOUNDATION - 3391 TOWN POINT DRIVE NW SUITE 4000 - KENNESAW, GA 30144	23-7034345	501(C)(3)	70,000.	0.			EDUCATION
KENNESAW STATE UNIVERSITY WELLSTAR COLLEGE OF HEALTH AND HUMAN SERVICES - 520 PARLIAMENT GARDEN WAY NW - KENNESAW, GA 30144		GOVT	10,000.	0.			EDUCATION
KIDS ACROSS AMERICA 2036 TIMBERLAKE RD BRANSON, MO 65616	83-1966879	501(C)(3)	30,000.	0.			YOUTH SERVICES & DEVELOPMENT
LAKE JUNALUSKA ASSEMBLY P.O. BOX 67 LAKE JUNALUSKA, NC 28745	56-0547461	501(C)(3)	6,000.	0.			FAITH BASED
LANIER CHRISTIAN CHURCH 2235 DAWSONVILLE HIGHWAY GAINESVILLE, GA 30506		501(C)(3)	30,000.	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
LGBTQ LEGAL ADVOCATES & DEFENDERS, INC. (GLAD) - 18 TREMONT ST STE 950 - BOSTON, MA 02108	04-2660498	501(C)(3)	10,000.	0.			LGBTQIA+ SUPPORT
LIFE UNIVERSITY INC. 1269 BARCLAY CIRCLE MARIETTA, GA 30060	58-1216007	501(C)(3)	303,000.	0.			EDUCATION
LIFEPOINT CHURCH PO BOX 7512 MARIETTA, GA 30065		501(C)(3)	129,000.	0.			FAITH BASED
LIVESAFE RESOURCES, INC. 48 HENDERSON STREET MARIETTA, GA 30064	58-0617782	501(C)(3)	81,500.	0.			FAMILY SUPPORT
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DRIVE, NE ATLANTA, GA 30324	45-4153322	501(C)(3)	10,000.	0.			YOUTH SERVICES & DEVELOPMENT
LOVING ARMS CANCER OUTREACH, INC. 844 LIVINGSTON COURT, SE MARIETTA, GA 30067	45-0753116	501(C)(3)	20,561.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
MACLAND COMMUNITY CHURCH 3615 MACLAND ROAD POWDER SPRINGS, GA 30127		501(C)(3)	10,000.	0.			FAITH BASED
MARIETTA ARTS COUNCIL, INC. 4 DEPOT ST. MARIETTA, GA 30060	83-3515326	501(C)(3)	5,494.	0.			ARTS, CULTURE & HUMANITIES
MARIETTA COMMUNITY CHURCH INC 3121 ERNEST BARRETT PARKWAY MARIETTA, GA 30064	47-5223754	501(C)(3)	47,580.	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
MARIETTA DAILY JOURNAL 47 WADDELL STREET, SE MARIETTA, GA 30060	03-0532316	501(C)(3)	86,989.	0.			ARTS, CULTURE & HUMANITIES
MARIETTA FIRST UNITED METHODIST CHURCH - 56 WHITLOCK AVENUE NW - MARIETTA, GA 30064		501(C)(3)	8,000.	0.			FAITH BASED
MARIETTA MENTORING FOR LEADERSHIP PROGRAM - 1171 WHITLOCK AVENUE - MARIETTA, GA 30064	27-2479043	501(C)(3)	18,039.	0.			YOUTH SERVICES & DEVELOPMENT
MARIETTA SCHOOLS FOUNDATION 144 POLK STREET, NW MARIETTA, GA 30064	58-1524893	501(C)(3)	7,965.	0.			EDUCATION
MARIETTA/COBB MUSEUM OF ART INC. 30 ATLANTA STREET, SE MARIETTA, GA 30060	58-1528144	501(C)(3)	6,694.	0.			ARTS, CULTURE & HUMANITIES
MARS HILL COMMUNITY CHURCH 109 MARS HILL ROAD POWDER SPRINGS, GA 30127	58-2328078	501(C)(3)	30,000.	0.			FAITH BASED
MCCLESKY-EAST COBB FAMILY YMCA 1055 EAST PIEDMONT ROAD MARIETTA, GA 30062	58-0566253	501(C)(3)	22,190.	0.			ARTS, CULTURE & HUMANITIES
MILFORD BAPTIST CHURCH 1030 MILFORD CHURCH ROAD MARIETTA, GA 30060	58-0877079	501(C)(3)	150,000.	0.			FAITH BASED
MONTGOMERY MEMORIAL BAPTIST CHURCH 1210 WEST RIDGE ROAD GAINESVILLE, GA 30501	58-2234288	501(C)(3)	15,000.	0.			FAITH BASED

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

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MOUNT PARAN CHRISTIAN SCHOOL 1275 STANLEY ROAD KENNESAW, GA 30152	58-2273158	501(C)(3)	12,000.	0.			FAITH BASED
MUST MINISTRIES, INC. PO BOX 1717 MARIETTA, GA 30061	58-2034725	501(C)(3)	38,580.	0.			FOOD INSECURITY PREVENTION & NUTRITION
NATIONAL EMBRYO DONATION CENTER 10700 VIRGINIA PINE WAY STE #202 KNOXVILLE, TN 37932	20-0321256	501(C)(3)	37,000.	0.			FAMILY SUPPORT
NOONDAY MISSIONARY BAPTIST CHURCH 1646 NOONDAY CHURCH ROAD MARIETTA, GA 30066		501(C)(3)	10,000.	0.			FAITH BASED
NORTH GEORGIA COMMUNITY FOUNDATION 340 JESSE JEWELL PKWY, SUITE 605 GAINESVILLE, GA 30501	58-1610318	501(C)(3)	14,777.	0.			ARTS, CULTURE & HUMANITIES
NORTH METRO CHURCH 2305 BARRETT PKWY NW MARIETTA, GA 30064		501(C)(3)	520,000.	0.			FAITH BASED
NORTH RIVER CHURCH OF CHRIST 320 AUSTIN AVENUE NE MARIETTA, GA 30060	20-3143074	501(C)(3)	15,000.	0.			FAITH BASED
NORTHSTAR CHURCH P.O. 1358 KENNESAW, GA 30156	58-2270689	501(C)(3)	15,727.	0.			FAITH BASED
NORTHWEST CHRISTIAN CHURCH 3737 DALLAS ACWORTH HIGHWAY, NW ACWORTH, GA 30101	58-1394584	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.)

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NW METRO ATLANTA HABITAT FOR HUMANITY - 1625 SPRING ROAD - SMYRNA, GA 30080	58-1686320	501(C)(3)	34,219.	0.			ARTS, CULTURE & HUMANITIES
OAKS MINISTRIES INC PO BOX 2341 AUGUSTA, GA 30901	92-0747918	501(C)(3)	150,000.	0.			YOUTH SERVICES & DEVELOPMENT
OPEN BIBLE TABERNACLE INC DBA LIVING STONE CHURCH - 545 LORENE DR SW - MARIETTA, GA 30060	58-1131133	501(C)(3)	139,000.	0.			FAITH BASED
OUTSTRETCHED HANDS MINISTRIES, INC 6175 HICKORY FLAT HWY # 110-304 CANTON, GA 30115	26-3386683	501(C)(3)	21,580.	0.			FAITH BASED
PEACHTREE ROAD UNITED METHODIST CHURCH - 3180 PEACHTREE ROAD NE - ATLANTA, GA 30305		501(C)(3)	9,000.	0.			FAITH BASED
PIEDMONT CHURCH 570 PIEDMONT ROAD MARIETTA, GA 30066	58-1023411	501(C)(3)	150,000.	0.			FAITH BASED
REFLECTIONS OF TRINITY, INC. 4037 AUSTELL POWDER SPRINGS RD POWDER SPRINGS, GA 30127	26-1871591	501(C)(3)	93,176.	0.			FOOD INSECURITY PREVENTION & NUTRITION
RICHMONT GRADUATE UNIVERSITY 1900 THE EXCHANGE BUILDING 100 ATLANTA, GA 30339	62-0789275	501(C)(3)	52,740.	0.			EDUCATION
ROANOKE COLLEGE 221 COLLEGE AVENUE SALEM, VA 24153	54-0505945	501(C)(3)	15,000.	0.			EDUCATION

**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
ROCKGATE MINISTRIES 435 HASCALL ROAD ATLANTA, GA 30309	92-3178650	501(C)(3)	25,000.	0.			FAITH BASED
ROSWELL PRESBYTERIAN CHURCH P.O. BOX 988 ROSWELL, GA 30077		501(C)(3)	38,950.	0.			FAITH BASED
ROSWELL STREET BAPTIST CHURCH 774 ROSWELL STREET MARIETTA, GA 30060	58-0670003	501(C)(3)	16,000.	0.			FAITH BASED
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	29,500.	0.			DISASTER RELIEF
SANCTUARY 700 MARS HILL ROAD NW KENNESAW, GA 30152		501(C)(3)	20,000.	0.			FAITH BASED
SEARCH MINISTRIES, INC. P.O. BOX 165029 FT. WORTH, TX 76161	75-1627393	501(C)(3)	50,000.	0.			FAITH BASED
SER FAMILIA, INC. 1000 COBB PLACE BLVD NW SUITE 170 KENNESAW, GA 30144	35-2166123	501(C)(3)	250,284.	0.			FAMILY AND YOUTH SERVICES AND DEVELOPMENT
SERENADE HEIGHTS 218 CREEKSTONE RIDGE WOODSTOCK, GA 30188	45-3060981	501(C)(3)	55,991.	0.			FAMILY SUPPORT
SHELTERS TO SHUTTERS 1921 GALLOWS ROAD SUITE 700 VIENNA, VA 22182	47-1004312	501(C)(3)	10,000.	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
SIMPLE NEEDS GA P.O. BOX 670265 MARIETTA, GA 30066	27-2889754	501(C)(3)	27,922.	0.			HOMELESSNESS AND POVERTY
SOCIETY OF ST. VINCENT DE PAUL GEORGIA INC. - 2050 CHAMBLEE TUCKER ROAD SUITE C - ATLANTA, GA 30341	58-0967972	501(C)(3)	30,500.	0.			FAITH BASED
SPECIAL NEEDS COBB 550 KENNESAW AVENUE SUITE 900 MARIETTA, GA 30060	23-7162002	501(C)(3)	48,354.	0.			FAMILY SUPPORT
STONEBRIDGE CHURCH 675 TOWER ROAD MARIETTA, GA 30060	20-3974009	501(C)(3)	20,000.	0.			FAITH BASED
SWEETWATER MISSION, INC. P.O. BOX 802 AUSTELL, GA 30168	58-1992771	501(C)(3)	58,532.	0.			FOOD INSECURITY ASSISTANCE
TABERNACLE BAPTIST HIRAM 3454 JIMMY LEE SMITH PARKWAY HIRAM, GA 30141		501(C)(3)	17,500.	0.			FAITH BASED
THE EXTENSION INC. PO BOX 793 MARIETTA, GA 30060	58-1915156	501(C)(3)	5,500.	0.			ADDICTION TREATMENT
THE GEORGE W BUSH FOUNDATION 2943 SMU BLVD DALLAS, TX 75205	86-2588222	501(C)(3)	10,000.	0.			EDUCATION
THE SALVATION ARMY 1000 CENTER PLACE NW NORCROSS, GA 30093	58-0660607	501(C)(3)	37,500.	0.			FAITH BASED

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(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
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	15,000.	0.			LGBTQIA+ SUPPORT
THE WALKER SCHOOL 700 COBB PARKWAY NORTH MARIETTA, GA 30062	58-0940220	501(C)(3)	20,000.	0.			EDUCATION
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE, SUITE 101 ATHENS, GA 30601	58-6033837	501(C)(3)	6,750.	0.			EDUCATION
VALDOSTA STATE UNIVERSITY FOUNDATION INC - 1500 N PATTERSON STREET - VALDOSTA, GA 31698	58-1582136	501(C)(3)	10,000.	0.			EDUCATION
VISION REHABILITATION SERVICES OF GEORGIA INC. - 3830 SOUTH COBB DRIVE SUITE 125 - SMYRNA, GA 30080	58-1550944	501(C)(3)	6,265.	0.			PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
YOUNG LIFE 420 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	51,350.	0.			YOUTH SERVICES & DEVELOPMENT
YOUTH INCORPORATED PO BOX 17590 ATLANTA, GA 30316	58-2592572	501(C)(3)	20,000.	0.			YOUTH SERVICES & DEVELOPMENT

**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

**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.

**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

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	51	1,131,270.	FMV
10 Securities - Closely held stock	X	1	1,000,000.	FMV
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 on 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? **30a** **X**

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? **31** **X**

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

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) 2024

**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, PART I, LINE 32B:  
THE ORGANIZATION USES A BROKERAGE FIRM TO FACILITATE DONATED SECURITIES  
TRANSACTIONS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 MISSION STATEMENT: BE A CATALYST FOR A THRIVING COMMUNITY MOBILIZING PEOPLE, IDEAS AND RESOURCES TO IMPROVE QUALITY OF LIFE IN AND AROUND COBB. IN 2024, COBB COMMUNITY FOUNDATION MADE TOTAL GRANTS AND SCHOLARSHIPS OF \$6.2 MILLION, OVER TWO-THIRDS OF WHICH WAS AWARDED TO ORGANIZATIONS IN COBB COUNTY, GEORGIA AND 77% OF WHICH WAS AWARDED TO ORGANIZATIONS IN METRO ATLANTA.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**  
CARD PROCESSING FEES) PLUS A PRO-RATA PORTION OF A \$108,000 MATCH POOL RAISED BY CCF.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**  
THE CREDENTIAL IS OBTAINED THROUGH A 6-MONTH ONLINE COURSE PLUS IN-PERSON WORKSHOPS, FACILITATED AND HOSTED BY KSU. FOLLOWING COMPLETION OF THE PROGRAM AND WORKSHOPS, EACH PARTICIPANT WILL RECEIVED A \$10,000 UNRESTRICTED GRANT. THE PROGRAM IS BEING REPEATED IN 2025. CAPACITY BUILDING GRANTS TOTALLED \$95,040 IN 2024.

TO DETERMINE COMMUNITY ISSUES IN MOST NEED OF SOLVING, CCF WILL BE UPDATING ITS 2019 COBB HUMAN NEEDS ASSESSMENT WITH A NEW INITIATIVE CALLED VITAL SIGNS. UNTIL THIS STUDY IS COMPLETE, WE ARE CONTINUING OUR FOCUS ON CHILDCARE AND EARLY LEARNING (\$54,690 IN GRANTS IN 2024), MENTAL HEALTH AND WELLNESS (\$46,921 IN GRANTS), AND ECONOMIC MOBILITY (\$25,000 IN GRANTS). 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 AS TO PROVIDE VEHICLES FOR THIRD-PARTY CONTRIBUTIONS IN SUPPORT OF THESE CAUSES.

FINALLY, CCF HAS ALSO PROVIDED SUPPORT HYPER-LOCALLY WITH MINI-GRANTS. THE CUMULATIVE AMOUNT DISTRIBUTED FOR THESE IN 2024 WAS \$19,393.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**  
**SCHOLARSHIPS:** COBB COMMUNITY FOUNDATION HELD 15 SCHOLARSHIP FUNDS IN 2024. THESE FUNDS WERE ESTABLISHED BY FAMILIES AND FRIENDS IN MEMORY OF LOVED ONES, BY COMPANIES FOR THEIR EMPLOYEES AND DEPENDENTS OF EMPLOYEES, AND BY AREA SOCIAL CLUBS AND ORGANIZATIONS. SEVENTY-SEVEN STUDENTS RECEIVED SCHOLARSHIPS RANGING FROM \$1,000 TO \$10,000 AND TOTALING \$239,875.  
EXPENSES \$ 281,254. INCLUDING GRANTS OF \$ 239,875. REVENUE \$ 0.

**ALL OTHER PROGRAM SERVICES.**  
EXPENSES \$ 13,168. INCLUDING GRANTS OF \$ 13,168. REVENUE \$ 110,028.

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

FORM 990, PART XII, LINE 2C  
 THERE HAS BEEN NO CHANGE TO THE AUDITOR SELECTION PROCESS FOR 2024.