

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2025****Open to Public Inspection**

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20																																					
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table><tr><td colspan="2">C Name of organization COBB COMMUNITY FOUNDATION, INC.</td><td>D Employer identification number 20-5652970</td></tr><tr><td colspan="2">Doing business as</td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td>E Telephone number</td></tr><tr><td>1100 CIRCLE 75 PKWY</td><td>#1000</td><td>(770) 859-2366</td></tr><tr><td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td><td>G Gross receipts \$ 34,298,901</td></tr><tr><td colspan="2">ATLANTA, GA 30339</td><td></td></tr><tr><td colspan="2">F Name and address of principal officer: SHARI B. MARTIN</td><td>H(a) Is this a group return for subordinates? ☐ Yes ☒ No</td></tr><tr><td colspan="2">SAME AS C ABOVE</td><td>H(b) Are all subordinates included? ☐ Yes ☐ No</td></tr><tr><td colspan="2"></td><td>If "No," attach a list. See instructions.</td></tr><tr><td colspan="2">I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527</td><td>H(c) Group exemption number</td></tr><tr><td colspan="2">J Website: WWW.COBBFOUNDATION.ORG</td><td></td></tr><tr><td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td><td>L Year of formation: 2005 M State of legal domicile: GA</td></tr></table>	C Name of organization COBB COMMUNITY FOUNDATION, INC.		D Employer identification number 20-5652970	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	1100 CIRCLE 75 PKWY	#1000	(770) 859-2366	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 34,298,901	ATLANTA, GA 30339			F Name and address of principal officer: SHARI B. MARTIN		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	SAME AS C ABOVE		H(b) Are all subordinates included? ☐ Yes ☐ No			If "No," attach a list. See instructions.	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	J Website: WWW.COBBFOUNDATION.ORG			K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2005 M State of legal domicile: GA
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O)		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	70
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 16,520,229	Current Year 8,280,816
	9	Program service revenue (Part VIII, line 2g)	110,028	105,507
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,029,411	1,254,270
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,096	13,837
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,662,764	9,654,430
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,207,173
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	508,466	526,375
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	227,237	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	547,338	630,773
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,262,977	7,908,081
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,399,787	1,746,349
	20	Total assets (Part X, line 16)	Beginning of Current Year 34,228,701	End of Year 38,711,250
	21	Total liabilities (Part X, line 26)	9,216,758	10,146,594
	22	Net assets or fund balances. Subtract line 21 from line 20	25,011,943	28,564,656

Part II Signature Block

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

Sign Here

Signature of officer

Date

SHARI B MARTIN, PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Preparer's name

MELISSA SEWARD

Preparer's signature

MELISSA SEWARD

Date

09/01/2026Check ☐ if self-employed

PTIN

P02145103Firm's name **MAULDIN & JENKINS, LLC**Firm's EIN **58-0692043**Firm's address **200 GALLERIA PARKWAY, SUITE 1700, ATLANTA, GA 30339**Phone no. **(770) 955-8600**May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2025) Created 4/30/25

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 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 TO 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 ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,859,207 including grants of \$ 4,568,243) (Revenue \$)
CONNECTING DONORS AND CAUSES: DONOR AND COMMITTEE ADVISORS AWARDED OVER \$4.5 MILLION IN GRANTS IN 2025 TO 332 CHARITABLE ORGANIZATIONS WORKING TO ADDRESS NUMEROUS ISSUES. NONPROFIT GRANTEEES INCLUDED THOSE ADDRESSING VARIOUS ASPECTS OF HEALTH AND HUMAN SERVICES, EDUCATION, AND THE ARTS AS WELL AS FAITH-BASED ORGANIZATIONS.

4b (Code:) (Expenses \$ 1,826,828 including grants of \$ 1,713,513) (Revenue \$)
MATCH MAGIC: COBB COMMUNITY FOUNDATION'S MATCH MAGIC GIVEATHON PROVIDED 27 LOCAL NONPROFITS WITH RESOURCES TO LEVERAGE THEIR FUNDRAISING EFFORTS DURING A 3-WEEK PERIOD ENDING ON DECEMBER 2, 2025. SELECTED FROM OVER 50 APPLICANTS, THE 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 NEARLY \$1.6 MILLION TO SUPPORT CRITICAL SERVICES IN FOOD, HOUSING, EDUCATION, SAFETY, HEALTHCARE, AND MORE. THE INITIATIVE NOT ONLY GENERATED FUNDS BUT ALSO HELPED NONPROFITS EXPAND THEIR REACH AND DONOR BASE. PARTICIPATING ORGANIZATIONS RECEIVED 100 PERCENT OF THE DOLLARS THEY RAISED (LESS CREDIT CARD PROCESSING FEES) PLUS A PRO-RATA PORTION OF A \$140,000 MATCH POOL RAISED BY CCF.

4c (Code:) (Expenses \$ 345,447 including grants of \$ 279,795) (Revenue \$)
SCHOLARSHIPS: COBB COMMUNITY FOUNDATION HELD 16 SCHOLARSHIP FUNDS IN 2025. 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-EIGHT STUDENTS RECEIVED SCHOLARSHIPS RANGING FROM \$1,000 TO \$12,000 AND TOTALING NEARLY \$280,000.

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 402,565 including grants of \$ 189,382) (Revenue \$ 105,507)

4e Total program service expenses 7,434,047

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 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>	26	✓
27 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>	27	✓
28 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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c 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>	28c	✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			✓
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			✓
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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
1a Enter the number of voting members of the governing body at the end of the tax year . . .	1a 30		
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 Enter the number of voting members included on line 1a, above, who are independent . . .	1b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2		✓
3 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? . . .	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		✓
6 Did the organization have members or stockholders? . . .	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	✓	
b Each committee with authority to act on behalf of the governing body? . . .	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . .	9		✓

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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, 1100 CIRCLE 75 PKWY, #1000, ATLANTA, GA 30339, (770) 859-2366

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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	55.0			✓				155,278	0	19,534
(2) CHRIS K. GRUEHN CHAIR	2.0	✓		✓				0	0	0
(3) SUSAN M. TILLERY FIRST VICE CHAIR	1.5	✓		✓				0	0	0
(4) TODD MCMULLEN SECOND VICE CHAIR	1.0	✓		✓				0	0	0
(5) J. LARRY STEVENS SECOND VICE CHAIR	1.3	✓		✓				0	0	0
(6) CHARLIE M. BARNWELL TREASURER	1.5	✓		✓				0	0	0
(7) CHERYL RICHARDSON SECRETARY	1.0	✓		✓				0	0	0
(8) KIM GRESH IMMEDIATE PAST CHAIR	1.5	✓						0	0	0
(9) JIM L. RHODEN, JR. FOUNDER	0.5	✓						0	0	0
(10) AL W. MARTIN DIRECTOR	1.0	✓						0	0	0
(11) CARLOS RODRIGUEZ DIRECTOR	0.8	✓						0	0	0
(12) CAROLE COX DIRECTOR	0.8	✓						0	0	0
(13) CASEY TANNER DIRECTOR	0.5	✓						0	0	0
(14) CONDACE L PRESSLEY DIRECTOR	0.8	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) DAN BUYERS, SR. DIRECTOR	0.5	☒						0	0	0
(16) DONNA KRUEGER DIRECTOR	0.8	☒						0	0	0
(17) GRANT RIVERA DIRECTOR	0.5	☒						0	0	0
(18) HEATHER ROSS DIRECTOR	0.8	☒						0	0	0
(19) JULIE TEER DIRECTOR	0.5	☒						0	0	0
(20) LAUREN ABERNETHY DIRECTOR	0.5	☒						0	0	0
(21) LEANA KART DIRECTOR	0.5	☒						0	0	0
(22) MATT TEAGUE DIRECTOR	0.5	☒						0	0	0
(23) MICHAEL C. OWENS DIRECTOR	1.0	☒						0	0	0
(24) REED WEIGLE DIRECTOR	0.5	☒						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								155,278	0	19,534
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								155,278	0	19,534

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	☐	☒
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>	☒	☐
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>	☐	☒

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**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,280,816			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,388,212			
	h	Total. Add lines 1a-1f		8,280,816			
Program Service Revenue			Business Code				
	2a	FEE INCOME	541900	105,507	105,507		
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
g	Total. Add lines 2a-2f		105,507				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		771,825			771,825
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	482,445	0			
	d	Net gain or (loss)		482,445			482,445
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	REFUNDS, REIMBURSEMENTS, ETC.	900099	13,837			13,837
	b						
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		13,837				
12	Total revenue. See instructions			9,654,430	105,507	0	1,268,107

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,750,933	6,750,933		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	174,812	104,888	34,962	34,962
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	247,780	196,225	39,847	11,708
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,834	6,174	1,266	394
9 Other employee benefits	60,953	45,519	10,364	5,070
10 Payroll taxes	34,996	25,127	6,156	3,713
11 Fees for services (nonemployees):				
a Management				
b Legal	20,398	20,398		
c Accounting	16,500		16,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	115,792	115,792		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	74,936	3,220	71,716	0
12 Advertising and promotion	127,884	39,764	9,791	78,329
13 Office expenses	68,393	50,967	9,693	7,733
14 Information technology	2,188	1,094	547	547
15 Royalties				
16 Occupancy	53,115	38,137	9,343	5,635
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,373	1,292	18,339	742
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,807	741	2,957	109
24 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.)				
a FUNDHOLDER FUNDRAISERS	77,647		15,316	62,331
b CCF DONOR DEVELOPMENT	34,490	18,526		15,964
c BAD DEBT EXPENSE	15,250	15,250		
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	7,908,081	7,434,047	246,797	227,237
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,893,309	1	494,058
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	69,329	3	66,578
	4 Accounts receivable, net	0	4	0
	5 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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,447	9	18,694
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c 0	0
	11 Investments—publicly traded securities	32,112,296	11	38,004,832
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	151,320	15	127,088
16 Total assets. Add lines 1 through 15 (must equal line 33)	34,228,701	16	38,711,250	
Liabilities	17 Accounts payable and accrued expenses	29,293	17	9,002
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	9,187,465	25	10,137,592
	26 Total liabilities. Add lines 17 through 25	9,216,758	26	10,146,594
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	24,237,604	27	27,749,523
	28 Net assets with donor restrictions	774,339	28	815,133
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,011,943	32	28,564,656
33 Total liabilities and net assets/fund balances	34,228,701	33	38,711,250	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,654,430
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,908,081
3	Revenue less expenses. Subtract line 2 from line 1	3	1,746,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,011,943
5	Net unrealized gains (losses) on investments	5	1,806,364
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	28,564,656

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a 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 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 VII**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RICK A. BENNETT ----- DIRECTOR	0.8 -----	✓						0	0	0
(26) ROBERT BONSTEIN ----- DIRECTOR	0.5 -----	✓						0	0	0
(27) SAM OLENS ----- DIRECTOR	0.8 -----	✓						0	0	0
(28) SHARON MASON ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) SID JONES ----- DIRECTOR	0.8 -----	✓						0	0	0
(30) STEVE W. IMLER ----- DIRECTOR	1.8 -----	✓						0	0	0
(31) TERRI BUNTEN GUTHRIE ----- DIRECTOR	0.8 -----	✓						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,231,719	4,436,238	4,150,127	16,520,229	8,280,816	35,619,129
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 Total. Add lines 1 through 3	2,231,719	4,436,238	4,150,127	16,520,229	8,280,816	35,619,129
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,877,326
6 Public support. Subtract line 5 from line 4						24,741,803

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	2,231,719	4,436,238	4,150,127	16,520,229	8,280,816	35,619,129
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	411,545	311,592	387,951	511,794	771,825	2,394,707
9 Net income from unrelated business activities, whether or not the business is regularly carried on	830,899	25,321			0	856,220
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	3,096	13,837	16,933
11 Total support. Add lines 7 through 10						38,886,989
12 Gross receipts from related activities, etc. (see instructions)					12	468,894
13 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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	63.62 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	58.27 %
16a 33¹/₃% support test—2025. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33¹/₃% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2025. 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 33¹/₃% support tests—2024. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
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? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Total annual distributions. Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021 . . .			
b Excess from 2022 . . .			
c Excess from 2023 . . .			
d Excess from 2024 . . .			
e Excess from 2025 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Area for supplemental information with horizontal lines.

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
	(1) REFUNDS, REIMBURSEMENTS, ETC.				3,096	13,837	16,933
	Total	0	0	0	3,096	13,837	16,933

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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 $\frac{1}{3}$ % 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

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

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		\$ 665,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 620,336	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 500,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 400,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 333,085	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		\$ 300,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 298,953	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		\$ 289,300	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		\$ 212,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 200,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 200,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 191,438	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
COBB COMMUNITY FOUNDATION, INC.

Employer identification number
20-5652970

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
5	DONATED SECURITIES	\$ 233,085	12/31/2025
7	DONATED SECURITIES	\$ 298,953	12/31/2025
8	DONATED SECURITIES	\$ 257,182	12/22/2025
		\$	
		\$	
		\$	

Name of organization

COBB COMMUNITY FOUNDATION, INC.

Employer identification number

20-5652970

Part III

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		

**SCHEDULE D
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**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	121	42
2 Aggregate value of contributions to (during year)	5,704,615	2,842,870
3 Aggregate value of grants from (during year)	4,561,021	2,189,912
4 Aggregate value at end of year	25,189,154	2,960,827
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements

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

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

☐ Preservation of land for public use (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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	724,088	681,941	624,457	762,053	717,836
b Contributions					
c Net investment earnings, gains, and losses	98,837	79,766	90,906	(103,950)	78,768
d Grants or scholarships	40,293	37,619	33,422	33,646	34,551
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	782,632	724,088	681,941	624,457	762,053

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

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 26.70 %

c Term endowment 73.30 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

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) _____		
Total. (Column (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) _____		
Total. (Column (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) _____	
Total. (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) AGENCY FUNDS	10,003,372
(3) OPERATING LEASE OBLIGATIONS	134,220
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,137,592

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.

1	Total revenue, gains, and other support per audited financial statements	1	11,345,002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,806,364
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	1,806,364
3	Subtract line 2e from line 1	3	9,538,638
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	115,792
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	115,792
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,654,430

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

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

1	Total expenses and losses per audited financial statements	1	7,792,289
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,792,289
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	115,792
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	115,792
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,908,081

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.

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	INCOME IS REINVESTED AND REALIZED APPRECIATION AND INCOME ARE AVAILABLE FOR SPENDING SUBJECT TO RESTRICTIONS IMPOSED BY INDIVIDUALS DONORS AND THE FOUNDATION'S SPENDING POLICY. THE ENDOWMENT FUNDS ARE USED TO BENEFIT THE COBB COMMUNITY, MUST MINISTRIES, AND MARIETTA KIWANIS FOUNDATION ARTS FUND.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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. FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024, 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.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for 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? [X] 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
(1) ACWORTH CULTURAL ARTS CENTER, INC. 4367 CENTER STREET, ACWORTH, GA 30101	46-4390654	501(C)(3)	12,520				ARTS, CULTURE & HUMANITIES
(2) ALOHA TO AGING, INC. 1612 MORNINGSIDE TRCE, MARIETTA, GA 30062	27-0815236	501(C)(3)	25,270				SENIOR SERVICES
(3) ANGEL EXPRESS, INC. 23 RIDGEVIEW DRIVE SE, SILVER CREEK, GA 30173	58-2139067	501(C)(3)	10,000				HUMAN SERVICES
(4) (SEE STATEMENT)	58-1484525	501(C)(3)	5,000				(SEE STATEMENT)
(5) (SEE STATEMENT)	58-0566122	501(C)(3)	5,500				(SEE STATEMENT)
(6) ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE, ATLANTA, GA 30344	58-0622514	501(C)(3)	13,000				(SEE STATEMENT)
(7) ATLANTA HABITAT FOR HUMANITY 824 MEMORIAL DRIVE SE, ATLANTA, GA 30316	58-1535414	501(C)(3)	5,000				HOUSING & SHELTER
(8) (SEE STATEMENT)	58-0685900	501(C)(3)	29,234				ANIMAL-RELATED
(9) ATLANTA INNER-CITY MINISTRY, INC. 1966 LAKEWOOD TER SE, ATLANTA, GA 30315	74-3101988	501(C)(3)	75,000				FAMILY SERVICES
(10) ATLANTA MISSION P.O. BOX 20017, ATLANTA, GA 30325	58-0572430	501(C)(3)	6,000				HUMAN SERVICES
(11) (SEE STATEMENT)	58-1295754	501(C)(3)	31,250				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 151
3 Enter total number of other organizations listed in the line 1 table 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AVIATION HISTORY & TECHNOLOGY CENTER 555 PERRIN ROAD, MARIETTA, GA 30060	58-2182508	501(C)(3)	5,000				ARTS, CULTURE & HUMANITIES
(13) BACKPACK BLESSINGS, INC. 4385 LOWER ROSWELL ROAD, MARIETTA, GA 30068	45-5424591	501(C)(3)	54,165				HUMAN SERVICES
(14) BCM GEORGIA 2847 PIEDMONT ROAD NE, ATLANTA, GA 30305-2767	58-1748786	501(C)(3)	5,000				HOMELESSNESS AND POVERTY
(15) BE BROKEN MINISTRIES, INC. 8235 AGORA PARKWAY, SUITE 111, BOX 167, SELMA, TX 78154-1335	20-0087201	501(C)(3)	34,100				FAITH BASED
(16) BLUE THANKSGIVING P.O. BOX 5238, MARIETTA, GA 30061	84-1954258	501(C)(3)	19,862				LAW ENFORCEMENT, CRIME PREVENTION & LEGAL SERVICES
(17) BOYS & GIRLS CLUBS OF EAST ALABAMA, INC. P.O. BOX 3433, AUBURN, AL 36831	58-1875904	501(C)(3)	5,000				YOUTH SERVICES & DEVELOPMENT
(18) CALVARY CHILDREN'S HOME 1430 LOST MOUNTAIN ROAD, POWDER SPRINGS, GA 30127	58-0976478	501(C)(3)	48,913				YOUTH SERVICES & DEVELOPMENT
(19) CENTER FOR FAMILY RESOURCES, INC. 400 FRANKLIN GATEWAY, MARIETTA, GA 30067	58-0876634	501(C)(3)	64,294				HUMAN SERVICES
(20) CHATTAHOOCHEE NATIONAL PARK CONSERVANCY P.O. BOX 769332, ROSWELL, GA 30076	46-1326423	501(C)(3)	15,000				ENVIRONMENT & BEAUTIFICATION
(21) CHILDREN WITHOUT BEDS 601 W CROSSVILLE RD, ROSWELL, GA 30075	82-3080153	501(C)(3)	5,000				FAMILY SERVICES
(22) CHILDREN'S HEALTHCARE OF ATLANTA FOUNDATION 1575 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329	58-2367819	501(C)(3)	5,000				HEALTHCARE
(23) CIRCLES COBB, INC. 840 ERNEST BARRETT PARKWAY, #440151, KENNESAW, GA 30160	88-2794203	501(C)(3)	107,257				LEADERSHIP DEVELOPMENT
(24) CITY OF REFUGE, INC. 1300 JOSEPH E BOONE BLVD NW, ATLANTA, GA 30314	58-2194642	501(C)(3)	53,000				HOMELESSNESS AND POVERTY
(25) CLEVELAND COLLEGE FOUNDATION FUND, INC. 10850 LOWELL AVE, OVERLAND PARK, KS 66210	43-1822649	501(C)(3)	50,000				EDUCATION
(26) COBB CHRISTMAS INC. 400 FRANKLIN GATEWAY, SUITE 250, MARIETTA, GA 30060	58-1608947	501(C)(3)	6,000				HUMAN SERVICES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) COBB COLLABORATIVE 1314 CHURCH ST SE, SUITE A, SMYRNA, GA 30080	58-2278352	501(C)(3)	12,000				COMMUNITY IMPROVEMENT
(28) COBB COUNTY BAR ASSOCIATION CHILDREN'S EMERGENCY FUND 70 HAYNES STREET, SUITE 2006, MARIETTA, GA 30090	N/A	GOV	35,145				YOUTH SERVICES & DEVELOPMENT
(29) COBB COUNTY PUBLIC SAFETY FOUNDATION, INC. P.O. BOX 672348, MARIETTA, GA 30006	83-1679641	501(C)(3)	11,000				PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
(30) COBB LANDMARKS AND HISTORICAL SOCIETY, INC. 80 NORTH MARIETTA PARKWAY NW, MARIETTA, GA 30060	58-1827362	501(C)(3)	8,500				ARTS, CULTURE & HUMANITIES
(31) COBB POLICE ATHLETIC LEAGUE, INC. 545 S FAIRGROUND ST SE, MARIETTA, GA 30060	27-2675910	501(C)(3)	5,688				YOUTH SERVICES & DEVELOPMENT
(32) COBBWORKS, INC. 463 COMMERCE PARK DRIVE, SUITE 100, MARIETTA, GA 30060	58-2635833	501(C)(3)	5,475				ECONOMIC DEVELOPMENT
(33) COMMUNITIES IN SCHOOLS OF MARIETTA COBB COUNTY, INC. 328 ALEXANDER STREET, SUITE 10, MARIETTA, GA 30060	58-2627310	501(C)(3)	65,000				YOUTH SERVICES & DEVELOPMENT
(34) COMMUNITY FOUNDATION FOR NORTHEAST GEORGIA 6500 SUGARLOAF PARKWAY, SUITE 220, DULUTH, GA 30097	58-1557995	501(C)(3)	25,000				CHARITABLE GIVING, VOLUNTEERISM & GRANTMAKING
(35) COVENANT HOUSE GEORGIA, INC. P.O. BOX 94465, ATLANTA, GA 30377	13-3523561	501(C)(3)	5,500				HOUSING & SHELTER
(36) CRU/CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE, ORLANDO, FL 32832	95-6006173	501(C)(3)	20,350				FAITH BASED
(37) CUMBERLAND COUNSELING CENTERS 3059 SOUTH COBB DRIVE, SMYRNA, GA 30080	85-4258055	501(C)(3)	108,078				CRISIS INTERVENTION AND MENTAL HEALTH
(38) CUMBERLAND HEIGHTS FOUNDATION, INC. P.O. BOX 90727, NASHVILLE, TN 37209	62-6050684	501(C)(3)	50,000				SUBSTANCE ABUSE TREATMENT AND PREVENTION
(39) ELEVATE ATLANTA, INC. 2625 PIEDMONT RD NE, #56-288, ATLANTA, GA 30324-3086	86-2336687	501(C)(3)	30,000				HOUSING & SHELTER
(40) EMPOWERED TO ACHIEVE, INC. P.O. BOX 8173, FLEMING ISLAND, FL 32006	30-1408168	501(C)(3)	10,000				EDUCATION
(41) EPISCOPAL CHURCH OF ST PETER AND ST PAUL 1795 JOHNSON FERRY RD, MARIETTA, GA 30062	58-1456259	501(C)(3)	10,000				FAITH BASED
(42) EPWORTH BY THE SEA, INC. P.O. BOX 20407, ST. SIMONS ISLAND, GA 31522	58-0830633	501(C)(3)	5,000				FAITH BASED

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(43) FAMILY LIFE RESTORATION CENTER, INC. 6105 MABLETON PARKWAY, MABLETON, GA 30126	75-2995341	501(C)(3)	39,210				HUMAN SERVICES
(44) FIRST BAPTIST CHURCH MARIETTA 148 CHURCH ST NE, MARIETTA, GA 30060	58-0625579	501(C)(3)	25,500				FAITH BASED
(45) FIRST CARE WOMEN'S CLINIC 615 ROSWELL STREET, MARIETTA, GA 30060	58-1620633	501(C)(3)	60,000				HOUSING & SHELTER
(46) FIRST PRESBYTERIAN CHURCH OF MARIETTA 189 CHURCH ST NE, MARIETTA, GA 30060	58-0610065	501(C)(3)	103,000				FAITH BASED
(47) FLOURISH FUND, INC. 950 N. WASHINGTON STREET, 3RD FLOOR, ALEXANDRIA, VA 22314	99-2330018	501(C)(3)	50,000				FAITH BASED
(48) FOOD SECURITY FOR AMERICA 1099 PINEDALE DRIVE, SE, SMYRNA, GA 30080	30-0720156	501(C)(3)	155,392				FOOD INSECURITY PREVENTION & NUTRITION
(49) FOUR CORNERS GROUP 1425 RIDENOUR BLVD., SUITE #6103, KENNESAW, GA 30152	46-5033563	501(C)(3)	77,168				YOUTH SERVICES & DEVELOPMENT
(50) FRANKLIN ACADEMY, INC. 140 RIVER RD., EAST HADDAM, CT 06423	22-3843855	501(C)(3)	7,000				EDUCATION
(51) FREDERICA ACADEMY, INC. 200 MURRAY WAY, SAINT SIMONS ISLAND, GA 31522	58-1093060	501(C)(3)	5,000				EDUCATION
(52) FRIENDS OF THE STRAND, INC. / EARL AND RACHEL SMITH STRAND THEATRE P.O. BOX 4186, MARIETTA, GA 30061	20-0210688	501(C)(3)	126,145				ARTS, CULTURE & HUMANITIES
(53) GENESIS CENTER FOR CHRISTIAN COUNSELING, INC. 5676 ROBERT'S DRIVE, ATLANTA, GA 30338	58-1998287	501(C)(3)	5,000				FAITH BASED
(54) GEORGIA HOUSE RABBIT SOCIETY, INC. 3114 CHEROKEE ST NW, KENNESAW, GA 30144	31-1560163	501(C)(3)	5,000				ANIMAL-RELATED
(55) GEORGIA SYMPHONY ORCHESTRA 36 TRAMMELL STREET, SW, SUITE 100, MARIETTA, GA 30064	23-7013882	501(C)(3)	19,500				ARTS, CULTURE & HUMANITIES
(56) GEORGIA TECH FOUNDATION, INC. 760 SPRING STREET N.W., SUITE 400, ATLANTA, GA 30308	58-6043294	501(C)(3)	11,000				EDUCATION
(57) GOOD SAMARITAN HEALTH CENTER OF COBB, INC. 1605 ROBERTA DRIVE, SW, MARIETTA, GA 30008	32-0045238	501(C)(3)	234,680				HEALTHCARE
(58) GRACE CHAPEL CHURCH OF CHRIST 6755 MAJORS ROAD, CUMMING, GA 30040	58-2621533	501(C)(3)	10,000				FAITH BASED
(59) GRACEPOINT SCHOOL FOR DYSLEXIA 570 PIEDMONT ROAD, MARIETTA, GA 30066	45-4397361	501(C)(3)	10,000				YOUTH SERVICES & DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(60) GREATER ATLANTA CHRISTIAN SCHOOLS, INC. 1575 INDIAN TRAIL ROAD, NORCROSS, GA 30093	58-0960612	501(C)(3)	95,000				EDUCATION
(61) HARDING UNIVERSITY 915 E. MARKET AVE, PO BOX 12238, SEARCY, AR 72149	71-0236896	501(C)(3)	5,500				EDUCATION
(62) HEALTHY BIRTH DAY, INC. 1820 NW 118TH STREET, SUITE 220, CLIVE, IA 50325	26-3998964	501(C)(3)	30,000				HEALTHCARE
(63) HELPING HANDS CHARITABLE FOUNDATION 135 MAIN STREET, P.O. BOX 337, TALLULAH FALLS, GA 30573	20-8670440	501(C)(3)	30,149				FINANCIAL ASSISTANCE
(64) HELPING MAMAS, INC. 4487 PARK DRIVE SUITE A-1, NORCROSS, GA 30093	47-1381339	501(C)(3)	5,813				HUMAN SERVICES
(65) HIGHLAND RIVERS FOUNDATION 3830 SOUTH COBB DRIVE SE, SUITE 300, SMYRNA, GA 30080	81-4628046	501(C)(3)	15,060				MENTAL HEALTH
(66) HIS BIG HOUSE CHILDRENS CHURCH, INC. 13077 TALL TREE DR SOUTH, JACKSONVILLE, FL 32246	27-2915216	501(C)(3)	10,000				YOUTH SERVICES & DEVELOPMENT
(67) HOP ON A CURE FOUNDATION 760 OLD ROSWELL ROAD, SUITE 398, ROSWELL, GA 30076	88-1550097	501(C)(3)	25,000				YOUTH SERVICES & DEVELOPMENT
(68) IMPACT 360 INSTITUTE, INC. 100 IMPACT CIR, PINE MOUNTAIN, GA 31822	45-4971921	501(C)(3)	7,750				FAITH BASED
(69) JACOBS LADDER NEURODEVELOPMENTAL LEARNING CENTER, INC. 407 HARDSCRABBLE ROAD, ROSWELL, GA 30075	58-2405137	501(C)(3)	5,000				EDUCATION
(70) K9S FOR WARRIORS 114 CAMP K9 ROAD, PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	10,000				ANIMAL-RELATED
(71) KATE'S CLUB, INC. 1190 WEST DRUID HILLS DRIVE NE, ATLANTA, GA 30329-2121	16-1646487	501(C)(3)	5,000				MENTAL HEALTH
(72) KENNESAW STATE UNIVERSITY ATHLETIC ASSOCIATION, INC. 1000 CHASTAIN ROAD, NUMBER 0201, KENNESAW, GA 30144-5588	27-2508471	501(C)(3)	20,000				RECREATION & SPORTS
(73) KENNESAW STATE UNIVERSITY FOUNDATION, INC. 1000 CHASTAIN MD 9102, KENNESAW, GA 30144	23-7034345	501(C)(3)	53,000				EDUCATION
(74) KIDZ2LEADERS, INC. 1640 POWERS FERRY ROAD, BUILDING 15, SUITE 200, MARIETTA, GA 30067	58-2485924	501(C)(3)	12,500				YOUTH SERVICES & DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(75) KSU RESEARCH & SERVICE FOUNDATION, INC. 585 COBB AVENUE MD#0111, KENNESAW, GA 30144-5591	37-1535589	501(C)(3)	30,000				EDUCATION
(76) L.E.A.D., INC. 680 MURPHY AVENUE, SUITE #4128, ATLANTA, GA 30310	06-1820196	501(C)(3)	15,000				YOUTH SERVICES & DEVELOPMENT
(77) LAAMISTAD, INC. 3434 ROSWELL RD NW, ATLANTA, GA 30305	20-5359559	501(C)(3)	5,000				EDUCATION
(78) LAKE JUNALUSKA ASSEMBLY P.O. BOX 67, LAKE JUNALUSKA, NC 28745	56-0547461	501(C)(3)	5,000				FAITH BASED
(79) LIFE CHIROPRACTIC COLLEGE WEST 25001 INDUSTRIAL BOULEVARD, HAYWARD, CA 94545	94-2382546	501(C)(5)	100,000				EDUCATION
(80) LIFE UNIVERSITY, INC. 1269 BARCLAY CIRCLE, MARIETTA, GA 30060	58-1216007	501(C)(3)	288,812				EDUCATION
(81) LIVESAFE RESOURCES, INC. 48 HENDERSON STREET, MARIETTA, GA 30064	58-0617782	501(C)(3)	57,636				CRISIS INTERVENTION AND MENTAL HEALTH
(82) LOGAN UNIVERSITY 1851 SCHOETTLER RD, CHESTERFIELD, MO 63017	43-0746185	501(C)(3)	75,000				EDUCATION
(83) LOST-N-FOUND YOUTH, INC. 2585 CHANTILLY DRIVE, NE, ATLANTA, GA 30324	45-4153322	501(C)(3)	5,000				LGBTQ SUPPORT
(84) LOVING ARMS CANCER OUTREACH, INC. 3475 DALLAS HIGHWAY SW, SUITE 427, MARIETTA, GA 30064	45-0753116	501(C)(3)	113,154				PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
(85) MARIETTA CITY SCHOOLS 250 HOWARD STREET NE, MARIETTA, GA 30060	N/A	GOV	8,000				YOUTH SERVICES & DEVELOPMENT
(86) MARIETTA COMMUNITY CHURCH, INC. 3121 ERNEST BARRETT PARKWAY, MARIETTA, GA 30064	47-5223754	501(C)(3)	7,500				FAITH BASED
(87) MARIETTA DAILY JOURNAL 47 WADDELL STREET, SE, MARIETTA, GA 30060	03-0532316	501(C)(3)	93,720				CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
(88) MARIETTA MENTORING FOR LEADERSHIP PROGRAM 1171 WHITLOCK AVENUE, MARIETTA, GA 30064	27-2479043	501(C)(3)	104,800				YOUTH SERVICES & DEVELOPMENT
(89) MARIETTA POLICE ATHLETIC LEAGUE, INC. 240 LEMON STREET, MARIETTA, GA 30060	23-1073193	501(C)(3)	5,000				RECREATION & SPORTS
(90) MARIETTA SCHOOLS FOUNDATION 144 POLK STREET, NW, MARIETTA, GA 30064	58-1524893	501(C)(3)	5,050				EDUCATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(91) MARIETTA/COBB MUSEUM OF ART, INC. 30 ATLANTA STREET SE, MARIETTA, GA 30060	58-1528144	501(C)(3)	61,300				ARTS, CULTURE & HUMANITIES
(92) MATTHEW 25:40 CAR CARE MINISTRY 4542 ALDER LANE SOUTHWEST, POWDER SPRINGS, GA 30127	92-2147398	501(C)(3)	398,145				COMMUNITY IMPROVEMENT
(93) MCCALLIE SCHOOL 500 DODDS AVENUE, CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	5,000				CHARITABLE GIVING, VOLUNTEERISM & GRANTMAKING
(94) MCCLESKEY-EAST COBB FAMILY YMCA 1055 EAST PIEDMONT ROAD, MARIETTA, GA 30062	36-3258696	501(C)(3)	97,402				HUMAN SERVICES
(95) MENTAL HEALTH ASSOCIATION OF OKALOOSA WALTON COUNTIES, INC. 571 MOONEY ROAD SE, FORT WALTON BEACH, FL 32547	59-3282067	501(C)(3)	10,000				MENTAL HEALTH
(96) MISSION 1:27 / PARENTS WITH A PURPOSE, INC. 2281 AKERS MILL ROAD BLDG 4100, ATLANTA, GA 30339	58-2521988	501(C)(3)	7,500				YOUTH SERVICES & DEVELOPMENT
(97) MOSAIC HEALTH CENTER 3700 MARKET STREET, BUILDING B, CLARKSTON, GA 30021	46-1402143	501(C)(3)	5,000				HEALTHCARE
(98) MOUNT PARAN CHRISTIAN SCHOOL 1275 STANLEY ROAD, KENNESAW, GA 30152	58-2273158	501(C)(3)	7,750				EDUCATION
(99) MUST MINISTRIES, INC. 1260 COBB PARKWAY NORTH, MARIETTA, GA 30062	58-2034725	501(C)(3)	130,850				HOMELESSNESS AND POVERTY
(100) NAMI GEORGIA - COBB 4120 PRESIDENTIAL PARKWAY, SUITE 200, ATLANTA, GA 30340	58-1466482	501(C)(3)	82,893				CRISIS INTERVENTION AND MENTAL HEALTH
(101) NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA IN THE STATE OF GA 329 ABERCORN ST, SAVANNAH, GA 31401	23-7158393	501(C)(3)	5,000				ARTS, CULTURE & HUMANITIES
(102) NORFOLK STATE UNIVERSITY FOUNDATION, INC. 700 PARK AVENUE, HBW SUITE 410, NORFOLK, VA 23504	23-7235954	501(C)(3)	25,000				EDUCATION
(103) NORTH METRO CHURCH 2305 ERNEST WEST BARRETT PKWY, MARIETTA, GA 30064	58-2412956	501(C)(3)	250,000				FAITH BASED
(104) NORTHSTAR CHURCH P.O. 1358, KENNESAW, GA 30156	58-2270689	501(C)(3)	11,660				FAITH BASED
(105) NW METRO ATLANTA HABITAT FOR HUMANITY 1625 SPRING ROAD, SMYRNA, GA 30080	58-1686320	501(C)(3)	25,150				HOMELESSNESS AND POVERTY
(106) OPEN BIBLE TABERNACLE INC DBA LIVING STONE CHURCH 545 LORENE DR SW, MARIETTA, GA 30060	58-1131133	501(C)(3)	110,000				FAITH BASED

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(107) ORANGE DUFFEL BAG INITIATIVE, INC. 1801 PEACHTREE STREET NE, SUITE 300, ATLANTA, GA 30309	27-1845671	501(C)(3)	5,000				CHARITABLE GIVING, VOLUNTEERISM & GRANTMAKING
(108) OUTSTRETCHED HANDS MINISTRIES, INC. 6175 HICKORY FLAT HWY # 110-304, CANTON, GA 30115	26-3386683	501(C)(3)	53,100				INTERNATIONAL FAMILY & CHILDREN SERVICES
(109) PANCREATIC CANCER ACTION NETWORK 2101 ROSECRANS AVENUE, SUITE 3200, EL SEGUNDO, CA 90245	33-0841281	501(C)(3)	20,000				MEDICAL RESEARCH
(110) PARK STREET ELEMENTARY SCHOOL 105 PARK STREET SE, MARIETTA, GA 30060	N/A	GOV	25,000				EDUCATION
(111) PEACHTREE ROAD UNITED METHODIST CHURCH 3180 PEACHTREE ROAD NE, ATLANTA, GA 30305	58-0655363	501(C)(3)	118,500				FAITH BASED
(112) PHI KAPPA TAU FOUNDATION 5221 MORNING SUN ROAD, OXFORD, OH 45056	31-6024975	501(C)(3)	8,000				SINGLE ORGANIZATION SUPPORT
(113) PIEDMONT PARK CONSERVANCY, INC. P.O. BOX 570355, ATLANTA, GA 30357	58-1551369	501(C)(3)	15,000				RECREATION & SPORTS
(114) READING IS ESSENTIAL FOR ALL PEOPLE 2960 ALSTON DRIVE SE, ATLANTA, GA 30317	46-2262007	501(C)(3)	5,000				EDUCATION
(115) REFLECTIONS OF TRINITY, INC. 4037 AUSTELL POWDER SPRINGS RD, POWDER SPRINGS, GA 30127	26-1871591	501(C)(3)	64,883				HUMAN SERVICES
(116) REVVED UP KIDS, INC. 3105 GATEWAY DRIVE, SUITE C, PEACHTREE CORNERS, GA 30071	47-1453704	501(C)(3)	5,000				PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
(117) RIGHT FROM THE HEART MINISTRIES, INC. 1507 JOHNSON FERRY ROAD, MARIETTA, GA 30062-8124	58-1995651	501(C)(3)	70,000				FAITH BASED
(118) ROANOKE COLLEGE 221 COLLEGE AVENUE, SALEM, VA 24153	54-0505945	501(C)(3)	5,000				SOCIAL SCIENCES, SCIENCE & TECHNOLOGY
(119) ROSCOMMON COUNTY COMMUNITY FOUNDATION P.O. BOX 824, ROSCOMMON, MI 48653	38-3612480	501(C)(3)	5,000				COMMUNITY IMPROVEMENT
(120) ROSWELL PRESBYTERIAN CHURCH P.O. BOX 988, ROSWELL, GA 30077-0988	58-0971335	501(C)(3)	49,650				FAITH BASED
(121) ROSWELL STREET BAPTIST CHURCH 774 ROSWELL ST., MARIETTA, GA 30060	58-0670003	501(C)(3)	20,000				FAITH BASED
(122) SALVATION ARMY 1000 CENTER PLACE NW, NORCROSS, GA 30093	58-0660607	501(C)(3)	37,500				HUMAN SERVICES
(123) SAMARITANS PURSE P.O. BOX 3000, BOONE, NC 28607-3000	58-1437002	501(C)(3)	8,000				FAITH BASED

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(124) SANCTUARY CHURCH GLOBAL MINISTRIES, INC. 700 MARS HILL ROAD NW, KENNESAW, GA 30152	27-4027508	501(C)(3)	15,000				FAITH BASED
(125) SER FAMILIA, INC. 1000 COBB PLACE BLVD NW, SUITE 170, KENNESAW, GA 30144	35-2166123	501(C)(3)	25,000				HUMAN SERVICES
(126) SERENADE HEIGHTS 218 CREEKSTONE RIDGE, WOODSTOCK, GA 30188	45-3060981	501(C)(3)	26,749				HOMELESSNESS AND POVERTY
(127) SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN ROAD, EVANSTON, IL 60201-3837	36-1773950	501(C)(3)	5,000				SOCIAL SCIENCES, SCIENCE & TECHNOLOGY
(128) SIMPLE NEEDS GA P.O. BOX 670265, MARIETTA, GA 30066	27-2889754	501(C)(3)	46,051				HUMAN SERVICES
(129) SMYRNA PUBLIC SAFETY FOUNDATION, INC. 2620 ATLANTA ROAD SE, SMYRNA, GA 30080	26-4770872	501(C)(3)	10,000				LAW ENFORCEMENT, CRIME PREVENTION & LEGAL SERVICES
(130) STONEBRIDGE CHURCH 675 TOWER ROAD, MARIETTA, GA 30060	20-3974009	501(C)(3)	9,400				FAITH BASED
(131) SUVONER INC 1101 JUNIPER ST NE, ATLANTA, GA 30309	84-2174947	501(C)(3)	10,000				FAITH BASED
(132) THE CENTER FOR CHILDREN AND YOUNG ADULTS, INC. 2221 AUSTELL ROAD, MARIETTA, GA 30008	58-1451180	501(C)(3)	14,640				YOUTH SERVICES & DEVELOPMENT
(133) THE EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET, MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,000				LAW ENFORCEMENT, CRIME PREVENTION & LEGAL SERVICES
(134) THE EXTENSION INC. P.O. BOX 793, MARIETTA, GA 30060	58-1915156	501(C)(3)	106,000				SUBSTANCE ABUSE TREATMENT AND PREVENTION
(135) THE GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD, DALLAS, TX 75205	86-2588222	501(C)(3)	10,000				COMMUNITY IMPROVEMENT
(136) THE STONEHAVEN SCHOOL, INC. 1480 JOYNER AVE SE, MARIETTA, GA 30060	20-1108972	501(C)(3)	100,000				HOUSING & SHELTER
(137) THE TABLE ON DELK 2836 LANDING WAY, MARIETTA, GA 30066	81-4681497	501(C)(3)	36,250				SEXUAL EXPLOITATION
(138) THE TREVOR PROJECT P.O. BOX 69232, WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	52,000				MILITARY & VETERANS OR PUBLIC SAFETY SUPPORT
(139) THE WALKER SCHOOL 700 COBB PARKWAY NORTH, MARIETTA, GA 30062	58-0940220	501(C)(3)	20,000				EDUCATION
(140) THIS STUFF MATTERS 1271 BOONE HALL DR, POWDER SPRINGS, GA 30127	85-1197853	501(C)(3)	5,000				FAITH BASED

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(141) TILLMAN HOUSE RESOURCE CENTER AT THE FIRST UNITED METHODIST CHURCH SMYRNA GA, INC. 1315 CONCORD RD SE, SMYRNA , GA 30080	58-6011883	501(C)(3)	33,549				COMMUNITY IMPROVEMENT
(142) UNITED AGAINST POVERTY, INC. 1400 27TH ST, VERO BEACH, FL 32960-0303	11-3697936	501(C)(3)	10,000				HOMELESSNESS AND POVERTY
(143) UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE, SUITE 101, ATHENS, GA 30601	58-6033837	501(C)(3)	18,750				EDUCATION
(144) VALDOSTA STATE UNIVERSITY FOUNDATION, INC. 1500 N PATTERSON STREET, VALDOSTA, GA 31698	58-1582136	501(C)(3)	5,000				SOCIAL SCIENCES, SCIENCE & TECHNOLOGY
(145) WELLSTAR FOUNDATION, INC. 1800 PARKWAY PLACE, MARIETTA, GA 30067	58-1627413	501(C)(3)	276,483				HEALTHCARE
(146) WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD NW, ATLANTA, GA 30327	58-0566206	501(C)(3)	25,000				EDUCATION
(147) WHEELER HIGH SCHOOL 375 HOLT ROAD, MARIETTA, GA 30068	N/A	GOV	15,000				EDUCATION
(148) WOMENS ENRICHMENT AND FAMILY CENTER, INC. P.O. BOX 866, ANDREWS, NC 28901	27-1793244	501(C)(3)	5,000				HUMAN SERVICES
(149) WORLDTEAM INTERNATIONAL, INC. P.O. BOX 1007, WARRINGTON, PA 18976	25-1122122	501(C)(3)	9,000				FAITH BASED
(150) YOUNG LIFE 420 NORTH CASCADE AVENUE, COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	15,100				YOUTH SERVICES & DEVELOPMENT
(151) YOUTH INCORPORATED P.O. BOX 17590, ATLANTA, GA 30316	58-2592572	501(C)(3)	20,000				YOUTH SERVICES & DEVELOPMENT
(152) YOUTHCENTRIC, INC. P.O. BOX 2435, POWDER SPRINGS, GA 30127	85-3514734	501(C)(3)	14,535				YOUTH SERVICES & DEVELOPMENT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	COBB COMMUNITY FOUNDATION STAFF IS IN FREQUENT CONTACT WITH RECIPIENT ORGANIZATIONS OF DISCRETIONARY GRANTS FROM FOUNDATION COMMUNITY FUNDS.
SCHEDULE I, PART II - 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.
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ANSLEY PARK BEAUTIFICATION FOUNDATION, INC. P.O. BOX 570296, ATLANTA, GA 30357
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATLANTA AREA COUNCIL, BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PARKWAY SE, ATLANTA, GA 30339
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATLANTA HUMANE SOCIETY & SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS 1551 PERRY BOULEVARD NW, ATLANTA, GA 30318
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATLANTA RONALD MCDONALD HOUSE CHARITIES 795 GATEWOOD ROAD NE, ATLANTA, GA 30329
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ANSLEY PARK BEAUTIFICATION FOUNDATION, INC.: ENVIRONMENT & BEAUTIFICATION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ATLANTA AREA COUNCIL, BOY SCOUTS OF AMERICA: YOUTH SERVICES & DEVELOPMENT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ATLANTA COMMUNITY FOOD BANK: FOOD INSECURITY PREVENTION & NUTRITION
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ATLANTA RONALD MCDONALD HOUSE CHARITIES: PATIENT SUPPORT & FUNDRAISING FOR MEDICAL CAUSES
SCHEDULE I, PART III - 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 J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to 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 Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tbody><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tbody><tr><td>☐ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☒ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></tbody></table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☒ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	☒								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	☒								
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c	☒								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	☒								
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	☒								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	☒								
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	☒								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	☒								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	☒								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SHARI MARTIN	(i) 135,278	(ii) 20,000	(iii) 0	4,658	14,876	174,812	0
	PRESIDENT & CEO	0	0	0	0	0	0	0
2		(i)	(ii)					
3		(i)	(ii)					
4		(i)	(ii)					
5		(i)	(ii)					
6		(i)	(ii)					
7		(i)	(ii)					
8		(i)	(ii)					
9		(i)	(ii)					
10		(i)	(ii)					
11		(i)	(ii)					
12		(i)	(ii)					
13		(i)	(ii)					
14		(i)	(ii)					
15		(i)	(ii)					
16		(i)	(ii)					

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	YEAR-END BONUSES ARE DETERMINED BY THE EXECUTIVE COMMITTEE REPRESENTING THE FULL BOARD. SHARI MARTIN, PRESIDENT & CEO, RECEIVED A BONUS IN THE AMOUNT OF \$20,000 FOR THE YEAR ENDED DECEMBER 31, 2025.

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2025**Open to Public
Inspection**

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	✓	21	1,388,212	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		✓

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

32a	✓	
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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.

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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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTORS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE ORGANIZATION USES A BROKERAGE FIRM TO FACILITATE DONATED SECURITIES TRANSACTIONS.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 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

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF 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 2025, COBB COMMUNITY FOUNDATION MADE TOTAL GRANTS AND SCHOLARSHIPS OF \$6.7 MILLION, NEARLY THREE-QUARTERS OF WHICH WAS AWARDED TO ORGANIZATIONS IN COBB COUNTY, GEORGIA AND 84 PERCENT OF WHICH WAS AWARDED TO ORGANIZATIONS IN METRO ATLANTA.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$309,594 INCLUDING GRANTS OF \$159,382)(REVENUE \$105,507) 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, CCF HAS WORKED WITH COMMUNITY MEMBERS TO IDENTIFY, DEVELOP, AND FUND PROGRAMS THAT WOULD BE MOST BENEFICIAL TO SELECTED ORGANIZATIONS. IN ADDITION TO A NONPROFIT LEARNING SERIES ("IGNITE"), CCF PARTNERED WITH KENNESAW STATE UNIVERSITY (KSU) TO FUND PARTICIPATION IN THE CERTIFIED NONPROFIT PROFESSIONAL PROGRAM, THE ONLY NATIONALLY RECOGNIZED CREDENTIAL IN NONPROFIT MANAGEMENT THAT PROVIDES LEARNING AND REAL-WORLD EXPERIENCE. THE CREDENTIAL IS OBTAINED THROUGH A SIX-MONTH ONLINE COURSE PLUS IN-PERSON WORKSHOPS, FACILITATED AND HOSTED BY KSU. FOLLOWING COMPLETION OF THE PROGRAM AND WORKSHOPS, EACH PARTICIPANT RECEIVED A \$5,000 UNRESTRICTED GRANT. THE PROGRAM IS BEING REPEATED IN 2026. CAPACITY BUILDING GRANTS TOTALLED \$47,700 IN 2025. TO DETERMINE COMMUNITY ISSUES IN MOST NEED OF SOLVING AND TO PROVIDE A LAUNCH PAD FOR A BROAD-BASED COMMUNITY-WIDE PROBLEM-SOLVING INITIATIVE, CCF IS UPDATING ITS 2019 COBB HUMAN NEEDS ASSESSMENT WITH COBB VITAL SIGNS. UNTIL THIS STUDY IS COMPLETE, WE ARE CONTINUING OUR FOCUS ON CHILDCARE AND EARLY LEARNING (\$64,152 IN GRANTS IN 2025), MENTAL HEALTH AND WELLNESS (\$27,830 IN GRANTS), AND ECONOMIC MOBILITY (\$15,000 IN GRANTS). FINALLY, CCF HAS ALSO PROVIDED SUPPORT HYPER-LOCALLY WITH MINI-GRANTS. THE CUMULATIVE AMOUNT DISTRIBUTED FOR THESE IN 2025 WAS \$4,700.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$92,971 INCLUDING GRANTS OF \$30,000)(REVENUE) VITAL SIGNS: VITAL SIGNS IS A LONG-TERM, COUNTYWIDE INITIATIVE LED BY COBB COMMUNITY FOUNDATION (CCF), IN PARTNERSHIP WITH KENNESAW STATE UNIVERSITY (KSU), AND NEIGHBORHOOD NEXUS. THE PROGRAM COMBINES RIGOROUS DATA ANALYSIS WITH LIVED EXPERIENCE AND LOCAL INSIGHT TO CREATE A SHARED, CREDIBLE UNDERSTANDING OF COMMUNITY NEEDS-AND TO TURN THAT UNDERSTANDING INTO SUSTAINED ACTION. BY BUILDING KNOWLEDGE, TRUST, AND COLLABORATION, VITAL SIGNS IDENTIFIES COBB COUNTY'S MOST URGENT CHALLENGES AND ALIGNS RESOURCES ACROSS SECTORS -- STRENGTHENING COORDINATION AMONG NONPROFITS, GOVERNMENT, FUNDERS, AND COMMUNITY STAKEHOLDERS TO IMPROVE LONG-TERM COMMUNITY WELL-BEING.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15 -	THE BOARD ESTABLISHES SALARY LEVELS BASED UPON COMPARABLE POSITIONS AT COMPARABLE NON-PROFIT ORGANIZATIONS.

Name of the organization
[COBB COMMUNITY FOUNDATION, INC.](#)

Employer identification number
[20-5652970](#)

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 2025.