

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **2021**, and ending **2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **COMMUNITY FOUNDATION OF GREATER HUNTSVILLE**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
303 WILLIAMS AVE SW 1031
 City or town, state or province, country, and ZIP or foreign postal code
HUNTSVILLE, AL 35801

D Employer identification number
26-3750673

E Telephone number
(256) 489-3525

F Name and address of principal officer:
MELISSA THOMPSON, 303 WILLIAMS AVE SW STE 1031, HUNTSVILLE, AL 35801

G Gross receipts **\$21,270,493.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.communityfoundationhsv.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2008**

M State of legal domicile: **AL**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MOBILIZING GENEROSITY TO IMPROVE QUALITY OF LIFE IN OUR COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
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)	14,825,360.	12,729,368.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,450,748.	1,633,412.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	184,514.	327,961.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,460,622.	14,690,741.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,499,946.	5,172,044.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	327,391.	332,770.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 148,149.		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	525,254.	673,222.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,352,591.	6,178,036.
19 Revenue less expenses. Subtract line 18 from line 12	10,108,031.	8,512,705.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 38,106,163.	End of Year 48,014,878.
	21 Total liabilities (Part X, line 26)	6,257,141.	6,157,311.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,849,022.	41,857,567.

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: MELISSA THOMPSON, CEO/PRESIDENT Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JERRY MERCER Preparer's signature: _____ Date: 07/19/2022 Check if self-employed PTIN: P01050742

Firm's name ▶ MERCER & ASSOCIATES, PC Firm's EIN ▶ 63-0812228
 Firm's address ▶ 201 WILLIAMS AVENUE SUITE 280, HUNTSVILLE, AL 35801 Phone no. (256) 536-4318

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
MOBILIZING GENEROSITY TO IMPROVE QUALITY OF LIFE IN OUR COMMUNITY.

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 \$ 5,424,995. including grants of \$ 4,757,807.) (Revenue \$ 14,397,378.)
The Community Foundation administers donor advised funds, designated funds, field of interest funds, and agency funds. The Foundation makes grants to 501c3 nonprofit organizations under the oversight of the Board of Directors.

4b (Code:) (Expenses \$ 135,704. including grants of \$ 129,746.) (Revenue \$ 154,590.)
Inspired by the death of George Floyd, the Community Foundation established the Racial Equity Fund to bridge equity gaps in the focus areas of economic opportunity, education, health and wellness, and neighborhoods and communities. The Foundation, through a grants committee authorized by the board of directors through the Community Impact Committee, made 18 grants to nonprofit organizations and dedicated half of all the revenue from this fund to support an endowment for the long-term work related to bridging equity gaps.

4c (Code:) (Expenses \$ 203,715. including grants of \$ 203,000.) (Revenue \$ 3,282.)
The Community Foundation, in partnership with The Schools Foundation, administers the Summer Adventures in Learning (SAIL) program to help prevent summer learning loss among low-income students from the three public school systems in Madison County. Through the generosity of our community, the Foundation made 7 program grants of \$189,000 and 2 interfund grants of \$14,000 providing intentionally academic summer programming for 1,276 students during the summer of 2021.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 146,098. including grants of \$ 81,491.) (Revenue \$ 135,491.) See Statement

4e Total program service expenses ▶ 5,910,512.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
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>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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	X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X		
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	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
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			X
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			X
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			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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 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.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
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?	X	
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?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		X
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 ► AL
- 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 ►
 MELISSA THOMPSON, 301 WILLIAMS AVE SW STE 1031, HUNTSVILLE, AL 35801 (256)489-3525

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) GINGER HARPER CHAIR	5.00	X		X				0.	0.	0.
(2) RAY WHITE VICE CHAIR	5.00	X		X				0.	0.	0.
(3) MIKE DEMAIORIBUS SECRETARY	5.00	X		X				0.	0.	0.
(4) LYNN TROY TREASURER	5.00	X		X				0.	0.	0.
(5) MIKE LOWE MEMBER	1.00	X						0.	0.	0.
(6) CLAY HAGAN MEMBER	1.00	X						0.	0.	0.
(7) FRANK WILLIAMS MEMBER	1.00	X						0.	0.	0.
(8) JAMES GILBERT, M.D. MEMBER	1.00	X						0.	0.	0.
(9) PENNY BILLINGS MEMBER	1.00	X						0.	0.	0.
(10) JESSICA HOVIS SMITH MEMBER	1.00	X						0.	0.	0.
(11) CLAYTON GIBSON MEMBER	1.00	X					X	0.	0.	0.
(12) JAY DRYDEN MEMBER	1.00	X						0.	0.	0.
(13) CECILIA SHOWALTER MEMBER	1.00	X						0.	0.	0.
(14) CHRIS HINSON MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) GEORGE SMITH MEMBER	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(16) KRISTINA HENDRIX MEMBER	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(17) TINA WATTS MEMBER	1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(18) MELISSA THOMPSON CEO/PRESIDENT	40.00			<input checked="" type="checkbox"/>				105,688.	0.	3,171.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								105,688.	0.	3,171.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								105,688.	0.	3,171.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check 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	87,801.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,641,567.			
	g	Noncash contributions included in lines 1a-1f	1g	\$4,281,140.			
	h	Total. Add lines 1a-1f		12,729,368.			
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue . .					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		736,561.	736,561.	0.	0.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				7,326,339.	83,055.		
	b	Less: cost or other basis and sales expenses	7b	6,404,893.	107,650.		
	c	Gain or (loss)	7c	921,446.	-24,595.		
	d	Net gain or (loss)		896,851.	896,851.	0.	0.
8a	Gross income from fundraising events (not including \$ 87,801. of contributions reported on line 1c). See Part IV, line 18	8a	45,328.				
b	Less: direct expenses	8b	67,209.				
c	Net income or (loss) from fundraising events . .		-21,881.		0.	-21,881.	
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue	11a	ADMINISTRATIVE FEES	561000	349,842.	349,842.	0.	0.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		349,842.			
12	Total revenue. See instructions		14,690,741.	1,983,254.	0.	-21,881.	

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	5,172,044.	5,172,044.		
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				
5 Compensation of current officers, directors, trustees, and key employees	105,688.	63,413.	10,568.	31,707.
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	195,128.	117,058.	19,514.	58,556.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,819.	5,291.	882.	2,646.
9 Other employee benefits				
10 Payroll taxes	23,135.	13,879.	2,314.	6,942.
11 Fees for services (nonemployees):				
a Management				
b Legal	393.	0.	393.	0.
c Accounting	7,250.	0.	7,250.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	369,163.	322,259.	46,904.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,823.	1,094.	182.	547.
12 Advertising and promotion	19,742.	11,844.	1,974.	5,924.
13 Office expenses	10,634.	6,380.	1,063.	3,191.
14 Information technology				
15 Royalties				
16 Occupancy	35,610.	21,364.	3,561.	10,685.
17 Travel	4,962.	2,977.	496.	1,489.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,539.	3,923.	654.	1,962.
20 Interest	120,000.	120,000.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,573.	1,544.	257.	772.
23 Insurance	15,455.	0.	15,455.	0.
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 EQUIPMENT EXPENSE	29,060.	17,434.	2,906.	8,720.
b MISCELLANEOUS	42,649.	25,587.	4,265.	12,797.
c WEBSITE	1,689.	1,013.	169.	507.
d DUES AND SUBSCRIPTIONS	5,680.	3,408.	568.	1,704.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,178,036.	5,910,512.	119,375.	148,149.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,189,691.	1	2,102,335.
	2 Savings and temporary cash investments	4,038,151.	2	5,658,612.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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		5	
	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)		6	
	7 Notes and loans receivable, net	1,846,818.	7	1,222,576.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,484.	9	19,599.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,517.		
	b Less: accumulated depreciation	10b 10,196.	7,895.	10c 5,321.
	11 Investments—publicly traded securities	24,892,874.	11	32,994,835.
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,119,250.	15	6,011,600.
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,106,163.	16	48,014,878.	
Liabilities	17 Accounts payable and accrued expenses	27,210.	17	20,861.
	18 Grants payable	180,631.	18	76,950.
	19 Deferred revenue	49,300.	19	59,500.
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	6,000,000.	25	6,000,000.
	26 Total liabilities. Add lines 17 through 25	6,257,141.	26	6,157,311.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	26,026,697.	27	33,099,736.
	28 Net assets with donor restrictions	5,822,325.	28	8,757,831.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	31,849,022.	32	41,857,567.	
33 Total liabilities and net assets/fund balances	38,106,163.	33	48,014,878.	

Part XI Reconciliation of Net Assets

Check 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	14,690,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,178,036.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,512,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,849,022.
5	Net unrealized gains (losses) on investments	5	1,495,840.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,857,567.

Part XII Financial Statements and Reporting

Check 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form 990: Return of Organization Exempt from Income Tax

Part III: Line 4d (continued)

Continuation Statement

<p>(Code:) (Expenses \$87,884 including grants of \$81,491) (Revenue \$14,065)</p> <p>The Community Foundation, through its Women's Philanthropy Society, works to strategically address issues affecting women and families in our community. In 2021, the Women's Philanthropy Society chose to improve academic equity and literacy. Efforts to raise awareness about this issue included a virtual community conversation to solicit feedback from the community on gaps, barriers, and priorities in the area of education, as well as a service project in which members conducted a book and supply drive for the Boys and Girls Club of North Alabama and spent days volunteering in the Village of Promise library. After a competitive grants process, the grants committee awarded a \$50,000 grant to Madison City Schools for the "Improved Literacy for All" collaborative for Orton Gillingham Training. This project supports 90 teachers and 2,700 students across the three public school districts in Madison County, Alabama.</p>
<p>(Code:) (Expenses \$31,841 including grants of \$0) (Revenue \$76,126)</p> <p>On November 2, 2021, the Community Foundation hosted its annual Summit on Philanthropy where over 400 community stakeholders were in attendance. This event is designed to inspire and celebrate philanthropy in our community and features the presentation of our annual community philanthropy awards.</p>
<p>(Code:) (Expenses \$26,373 including grants of \$0) (Revenue \$45,300)</p> <p>On June 29, 2021, the Community Foundation hosted its eighth annual NAVIGATE conference (formerly Nonprofit University) for nonprofit professionals, board members and volunteers. This event was designed to build the capacity of the nonprofit organizations that serve the North Alabama region and featured an inspirational keynote address, followed by nine concurrent tracks of training. We had to limit capacity to 75% due to current COVID guidance at the time. There were 352 registrations, representing 165 organizations.</p>

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION OF GREATER HUNTSVILLE	Employer identification number 26-3750673
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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 generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,544,809.	4,214,167.	7,035,670.	14,825,360.	12,729,368.	43,349,374.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,544,809.	4,214,167.	7,035,670.	14,825,360.	12,729,368.	43,349,374.
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)						
6 Public support. Subtract line 5 from line 4						43,349,374.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4,544,809.	4,214,167.	7,035,670.	14,825,360.	12,729,368.	43,349,374.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	218,302.	426,220.	498,676.	619,790.	736,561.	2,499,549.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						45,848,923.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.55 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	94.51 %
16a 33 1/3% support test—2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. 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 in line 12 on 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over 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	

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: COMMUNITY FOUNDATION OF GREATER HUNTSVILLE; Employer identification number: 26-3750673

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II containing questions 1-9 about conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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

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

Form for Part III containing questions 1a-2b about reporting art and historical treasures, including revenue and asset amounts.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 on 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	3,203,128.	2,638,338.	2,151,950.	1,645,632.	1,195,761.
b Contributions	1,495,311.	359,127.	131,641.	656,694.	304,022.
c Net investment earnings, gains, and losses	454,290.	362,213.	412,301.	-104,085.	168,139.
d Grants or scholarships	18,131.	123,270.	24,399.	17,436.	1,540.
e Other expenditures for facilities and programs					
f Administrative expenses	39,562.	33,280.	33,155.	28,855.	20,750.
g End of year balance	5,095,036.	3,203,128.	2,638,338.	2,151,950.	1,645,632.

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

- a** Board designated or quasi-endowment ▶ 13. %
- b** Permanent endowment ▶ 87. %
- c** Term endowment ▶ %

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

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	X
(ii) Related organizations	<input type="checkbox"/>	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.			0.
b Buildings				
c Leasehold improvements				
d Equipment		15,517.	10,196.	5,321.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 5,321.

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, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BOND INVESTMENT - CADENCE	6,000,000.
(2) STOCK WARRANTS	11,600.
(3) REAL ESTATE - LAND	0.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,011,600.

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) NOTE PAYABLE - CADENCE	6,000,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,000,000.

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	16,186,581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,495,840.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,495,840.
3	Subtract line 2e from line 1	3	14,690,741.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,690,741.

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	8,144,657.
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	1,966,621.
e	Add lines 2a through 2d	2e	1,966,621.
3	Subtract line 2e from line 1	3	6,178,036.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,178,036.

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.

Pt XII, Line 2d: Difference due to book to tax difference for nonprofit agency funds. Changes in value to the nonprofit agency funds are not recognized as income/expense in GAAP but are recognized as such for income tax reporting.

Pt V, Line 4: The following endowment funds have been established to provide a permanent source of community capital: Compass Endowment Fund -to support a broad spectrum of community needs; Women's Endowment Fund-to support women and families in our community; Alabama A&M University STEM Star Fund-to increase diversity in our workforce; give256 Endowment Fund-to support a broad spectrum of community needs; Racial Equity Endowment to address equity gaps in five specific areas.

Pt V, Line 4: Leadership Endowment Fund-to ensure long-term stability of Leadership

Part XIII Supplemental Information (continued)

Greater Huntsville.

Pt V, Line 4: The Schools Foundation Endowment-to support Huntsville City, Madison County, and Madison City Public Schools.

Pt V, Line 4: Ruth and Lyle Taylor Fund-to support historic preservation, enviromental conservation, and civic involvement projects.

Pt V, Line 4: Various donor advised funds to provide legacy funding for community needs.

Pt V, Line 4: Cap & Gown Endowment - to provide long-term stability of the Cap & Gown project.

Pt V, Line 4: Howard and Deborah Taylor Endowment Fund - to support education, lifestyle, natural conservation, animal welfare, and health & wellness.

Pt V, Line 4: 305 8th Street Endowment Fund - to provide long-term stability of 305 8th Street nonprofit organization.

Pt V, Line 4: Montessori Families Endowment Fund - to provide long-term stability for Montessori School of Huntsville.

Pt V, Line 4: Bendickson Field of Interest Fund - to support health research, education, and to provide faith-based support for women and children.

Pt V, Line 4: Education Endowment Fund - to support needs in our community related to early childhood development, student achievement, college and career readiness, and the success of our community's educational system.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number

26-3750673

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 SUMMIT ON PHILANTHROPY (event type)	(b) Event #2 NAVIGATE (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	76,126.	45,300.	11,703.	133,129.
	2 Less: Contributions	52,926.	24,800.	10,075.	87,801.
	3 Gross income (line 1 minus line 2)	23,200.	20,500.	1,628.	45,328.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,931.	8,519.	2,459.	16,909.
	7 Food and beverages	13,932.	9,318.		23,250.
	8 Entertainment	6,329.	1,250.		7,579.
	9 Other direct expenses	5,649.	7,286.	330.	13,265.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				61,003.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-15,675.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number

26-3750673

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COVENANT PRESBYTERIAN CHURCH 301 DRAKE AVE SE HUNTSVILLE AL 35802	63-0422999		15,000.				RELIGION RELATED
(2) RIVERTREE CHURCH 652 TAYLOR ROAD OWENS CROSS ROADS AL 35763	63-1199744		27,605.				RELIGION RELATED
(3) DOWNTOWN RESCUE MISSION 1400 EVANGEL DRIVE NW HUNTSVILLE AL 35816	63-0735295		86,620.				BASIC NEEDS
(4) 305 8TH STREET 305 8TH STREET NW HUNTSVILLE AL 35805	63-1028950		78,256.				BASIC NEEDS
(5) NATIONAL CHILDREN'S ADVOCACY CENTER 210 PRATT AVE HUNTSVILLE AL 35801	63-0891512		42,000.				BASIC NEEDS
(6) NEW HOPE CHILDREN'S CLINIC 156 CHURCH AVE NEW HOPE AL 35760	26-2467719		26,750.				HEALTH
(7) COOKS NATURAL SCIENCE MUSEUM P.O. BOX 2955 DECATUR AL 35602	46-0750517		17,000.				EDUCATION
(8) HUDSON ALPHA FOUNDATION 601 GENOME WAY HUNTSVILLE AL 35806	27-2320591		64,750.				HEALTH
(9) AMERICAN HEART ASSOCIATION 6275 UNIVERSITY BLVD STE 37 HUNTSVILLE AL 35806	13-5613797		60,900.				HEALTH
(10) WHITESBURG BAPTIST CHURCH 6806 WHITESBURG DRIVE HUNTSVILLE AL 35802	63-6005479		233,855.				RELIGION RELATED
(11) WILLOWBROOK BAPTIST CHURCH 7625 BAILEY COVE ROAD HUNTSVILLE AL 35802	63-0637002		39,750.				RELIGION RELATED
(12) See Statement			5,696,603.				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 182

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

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

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

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

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
HUNTSVILLE MADISON COUNTY BOTANICAL GARDEN SOCIETY 4747 BOB WALLACE AVE SW, HUNTSVILLE, AL 35805	630800109		25,190.				LIFESTYLE
ALS ASSOCIATION AL CHAPTER P.O. BOX 2888, HUNTSVILLE, AL 35804	202218566		13,750.				HEALTH
KIDS TO LOVE 140 CASTLE DRIVE, MADISON, AL 35758	200606367		109,406.				BASIC NEEDS
LAND TRUST OF NO ALABAMA 2707 ARTIE STREET SW, STE. 6, HUNTSVILLE, AL 35805	630974278		23,950.				ENVIRONMENT
THE CORNERSTONE INITIATIVE PO BOX 18697, HUNTSVILLE, AL 35804	275159255		25,900.				NEIGHBORHOOD & COMMUNITY
AMERICAN RED CROSS 1101 WASHINGTON ST NW, HUNTSVILLE, AL 35801	530196605		48,434.				EMERGENCY RELIEF
RANDOLPH SCHOOL 1005 DRAKE AVE SE, HUNTSVILLE, AL 35802	630412843		17,000.				EDUCATION
BOYS AND GIRLS CLUB NORTH AL P.O. BOX 73, HUNTSVILLE, AL 35804	630360026		39,756.				EDUCATION
BROADWAY THEATER LEAGUE 700 MONROE STREET STE 410, HUNTSVILLE, AL 35801	630885711		10,000.				LIFESTYLE
CASA OF MADISON COUNTY 701 ANDREW JACKSON WAY, HUNTSVILLE, AL 35801	630835099		19,750.				BASIC NEEDS
CENTRAL PRESBYTERIAN CHURCH 406 RANDOLPH AVE SE, HUNTSVILLE, AL 35801	630363464		25,000.				RELIGION RELATED
CHURCH OF THE NATIVITY 208 EUSTIS AVE SE, HUNTSVILLE, AL 35801	630324703		36,619.				RELIGION RELATED
HIGHLANDS COLLEGE 1701 LEE BRANCH LANE, BIRMINGHAM, AL 35242	810863355		30,000.				EDUCATION
FREE 2 TEACH FOUNDATION PO BOX 1405, HUNTSVILLE, AL 35807	456634323		12,676.				EDUCATION
ENRICHMENT CENTER P.O. BOX 2446, MADISON, AL 35758	631284650		13,770.				EDUCATION
HUNTSVILLE INNER CITY LEARNING CENTER P.O. BOX 7212, HUNTSVILLE, AL 35807	205583934		68,250.				EDUCATION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

HUNTSVILLE HOSPITAL FOUNDATION 101 SIVLEY ROAD SW, HUNTSVILLE, AL 35801	630752604		110,250.				HEALTH
FIRST STOP INCORPORATED 206 STOKES STREET, HUNTSVILLE, AL 35805	261841014		25,160.				BASIC NEEDS
FIRST UNITED METHODIST CHURCH 120 GREENE STREET, HUNTSVILLE, AL 35801	630348132		40,850.				RELIGION RELATED
HABITAT FOR HUMANITY OF MADISON COUNTY 400 PRATT AVE NW, HUNTSVILLE, AL 35801	630951637		30,850.				BASIC NEEDS
HUNTSVILLE ASSISTANCE PROGRAM 406 1/2 GOVERNORS DR. STE. 6, HUNTSVILLE, AL 35801	562292453		6,000.				BASIC NEEDS
HEART OF THE VALLEY YMCA 120 HOLMES AVE NE, STE 300, HUNTSVILLE, AL 35801	582058795		95,250.				LIFESTYLE
HOLY CROSS GREEK ORTHODOX CHURCH 3021 UNIVERSITY DRIVE, HUNTSVILLE, AL 35816	630864843		16,000.				RELIGION RELATED
WAY-FM MEDIA GROUP, INC. 9582 MADISON BLVD #8, MADISON, AL 35758	592659856		7,700.				RELIGION RELATED
BURRITT MUSEUM ASSOCIATION 3101 BURRITT DRIVE, HUNTSVILLE, AL 35801	630868992		152,600.				LIFESTYLE
KATE DUNCAN SMITH DAR SCHOOL 6077 MAIN STREET, GRANT, AL 35747	630338084		22,500.				EDUCATION
LINCOLN VILLAGE PRESERVATION CORPORATION 1110 MERIDIAN ST N, HUNTSVILLE, AL 35801	200379279		31,450.				NEIGHBORHOOD & COMMUNITY
MADISON CITY SCHOOLS 211 CELTIC DRIVE, MADISON, AL 35758	631192346		85,000.				EDUCATION
CRISIS SERVICES OF NORTH ALABAMA PO BOX 368, HUNTSVILLE, AL 35804	630841545		7,000.				BASIC NEEDS
THE SCHOOLS FOUNDATION P.O. BOX 763, HUNTSVILLE, AL 35804	581955411		57,232.				EDUCATION
SOUTHWOOD PRESBYTERIAN CHURCH 1000 CARL T JONES DRIVE, HUNTSVILLE, AL 35802	630982667		70,000.				RELIGION RELATED
TRINITY UNITED METHODIST CHURCH 607 AIRPORT ROAD, HUNTSVILLE, AL 35802	630414695		17,500.				RELIGION RELATED
ARMY HISTORICAL FOUNDATION 2425 WILSON BLVD., ARLINGTON, VA 22201	521367225		22,000.				LIFESTYLE
VILLAGE OF PROMISE 200 PRATT AVE NO B2, HUNTSVILLE, AL 35801	274419395		109,700.				BASIC NEEDS
MARANATHA CAMP AND CONFERENCE CENTER 1091 JEFFERY ROAD, SCOTTSBORO, AL 35769	320497815		10,000.				RELIGION RELATED

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

HUNTSVILLE DREAM CENTER INC 2300 MEMORIAL PKWY., HUNTSVILLE, AL 35801	270039458		13,877.				BASIC NEEDS
BIG BROTHERS BIG SISTERS 701 ANDREW JACKSON WAY NE, HUNTSVILLE, AL 35801	630833364		16,000.				BASIC NEEDS
FOOD BANK OF NORTH ALABAMA PO BOX 18607, HUNTSVILLE, AL 35804	630884372		48,752.				BASIC NEEDS
SEMPER FI PO BOX 161, MADISON, AL 35758	208935277		21,450.				BASIC NEEDS
MARRIAGE LIFE MINISTRIES 8772 CARRIAGE HOUSE WAY, KNOXVILLE, TN 37923	821176437		7,500.				RELIGION
OPERATION GREEN TEAM FOUNDATION 3242 LEE MAN FERRY ROAD SW, Huntsville, AL 35801	474459980		50,000.				ENVIRONMENT
CHURCH OF THE HIGHLANDS 4700 HIGHLANDS WAY, BIRMINGHAM, AL 35210	631258442		92,850.				RELIGION RELATED
SAINT BERNARD ABBEY FOUNDATION 1600 BERNARD DRIVE, CULLMAN, AL 35055	141854531		55,000.				RELIGION RELATED
HUNTSVILLE CITY SCHOOLS 200 WHITE STREET, HUNTSVILLE, AL 35801	636000813		60,000.				EDUCATION
ST JOHN PAUL II CATHOLIC HIGH SCHOOL 7301 OLD MADISON PIKE NW, HUNTSVILLE, AL 35806	813572580		42,000.				EDUCATION
AGAPE OF NORTH ALABAMA P.O. BOX 127, MADISON, AL 35758	630580986		10,000.				BASIC NEEDS
ALABAMA POLICY INSTITUTE 2231 MORRIS AVE FIRST FLOOR, BIRMINGHAM, AL 35203	630809568		27,500.				ECONOMIC
AL SCHOOL CYBER TECH & ENG 490 DISCOVERY DRIVE NW, HUNTSVILLE, AL 35806	824345706		70,000.				EDUCATION
AMERICAN CANCER SOCIETY 2745 BOB WALLACE AVE SUITE A, HUNTSVILLE, AL 35805	131788491		5,500.				HEALTH
CHOOSE LIFE OF NORTH ALABAMA 220 RANDE AVE, HUNTSVILLE, AL 35801	630825378		14,500.				HEALTH
COMMUNITY FREE DENTAL CLINIC 2341 WHITESBURG DR SE, STE 3, HUNTSVILLE, AL 35801	462308382		13,500.				HEALTH
DECATUR PRESBYTERIAN CHURCH 2306 MODAUS RD SW, DECATUR, AL 35603	631094206		20,000.				RELIGION RELATED
FUNDACION UNA MANO AMIGA INC 16661 LOS GATOS DR, DELRAY BEACH, FL 33484	454700147		25,000.				BASIC NEEDS
GIRLS INCORPORATED OF HUNTSVILLE 4600 BLUE SPRING RD NW, HUNTSVILLE, AL 35810	630661410		10,700.				EDUCATION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

GREATER HUNTSVILLE HUMANE SOCIETY 2812 JOHNSON RD SW, HUNTSVILLE, AL 35805	237093527		9,600.			ANIMAL PROTECTION & WELFARE
HEALS, INC. 1100 MERIDIAN STR, HUNTSVILLE, AL 35801	631210889		151,150.			HEALTH
HUNTSVILLE SYMPHONY ORCHESTRA ASSOCIATION P.O. BOX 2400, HUNTSVILLE, AL 35804	630463802		12,350.			LIFESTYLE
INTERNATIONAL MISSION BOARD 3806 MONUMENT AVE, RICHMOND, VA 23230	620535346		30,000.			RELIGION RELATED
MURRAY STATE UNIVERSITY FOUNDATION 100 NASH HOUSE, MURRAY, KY 42071	616053844		6,000.			EDUCATION
RILEY BEHAVIORAL AND EDUCATIONAL CENTER 306 WYNN DR NW, HUNTSVILLE, AL 35805	300382912		18,750.			EDUCATION
ROCK FAMILY WORSHIP CENTER 3401 HOLMES AVE NW, HUNTSVILLE, AL 35816	631222137		24,000.			RELIGION RELATED
SAMARITAN'S PURSE P.O. BOX 3000, BOONE, NC 28607	581437002		21,625.			BASIC NEEDS
SECOND MILE DEVELOPMENT P.O. BOX 2531, HUNTSVILLE, AL 35804	630941885		10,100.			BASIC NEEDS
ST. JOHN THE BAPTIST CATHOLIC CHURCH 1055 HUGHES RD, MADISON, AL 35758	630581368		15,390.			RELIGION RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE, MEMPHIS, TN 38105	620646012		20,250.			HEALTH
STILL SERVING VETERANS 626 CLINTON AVE STE 200, HUNTSVILLE, AL 35801	204515040		16,948.			BASIC NEEDS
UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION 301 SPARKMAN DR, HUNTSVILLE, AL 35899	636048099		56,301.			EDUCATION
U.S. SPACE & ROCKET CENTER FOUNDATION ONE TRANQUILITY BASE, HUNTSVILLE, AL 35805	631265839		15,500.			EDUCATION
WHITESBURG CHRISTIAN ACADEMY 6806 WHITESBURG DR S, HUNTSVILLE, AL 35802	631238035		6,000.			EDUCATION
AIDS ACTION COALITION OF HSV 600 ST. CLAIR AVE BLDG 3, HUNTSVILLE, AL 35801	570889447		23,300.			HEALTH
ARTS COUNCIL 700 MONROE STREET SW, HUNTSVILLE, AL 35801	630463507		36,500.			LIFESTYLE
ASBURY METHODIST CHURCH 980 HUGHES RD, MADISON, AL 35758	630920911		25,000.			RELIGION RELATED
BIG OAK RANCH 250 JAKE MINTZ RD, GADSDEN, AL 35905	237413017		11,500.			BASIC NEEDS

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

CAP AND GOWN PROJECT 115 NORTH SIDE SQUARE, HUNTSVILLE, AL 35801	810829915		12,750.				EDUCATION
CHRIST PREBYTERIAN CHURCH 288 OLD HWY 431, OWENS CROSS ROADS, AL 35763	200784578		10,000.				RELIGION RELATED
CHRISTIAN WOMENS JOB CORP OF MADISON CO AL 600 GOVERNORS DR, HUNTSVILLE, AL 35801	631202860		8,850.				BASIC NEEDS
CORNERSTONE PRESBYTERIAN CHURCH 149 OLD BIG COVE RD, BROWNSBORO, AL 35741	462495732		59,250.				RELIGION RELATED
COVINGTON CHURCH OF CHRIST 1690 U.S. 51S, COVINGTON, TN 38019	621135724		30,000.				RELIGION RELATED
FELLOWSHIP BIBLE CHURCH BRENTWOOD CAMPUS 1210 FRANKLIN RD, BRENTWOOD, TN 37027	621660360		21,800.				RELIGION RELATED
FELLOWSHIP OF CHRISTIAN ATHLETES NE AL P.O. BOX 14185, HUNTSVILLE, AL 35815	440610626		7,800.				RELIGION RELATED
FIRST BAPTIST CHURCH 600 GOVERNORS DR SW, HUNTSVILLE, AL 35801	630423002		206,750.				RELIGION RELATED
FREED-HARDEMAN UNIVERSITY 158 E MAIN STREET, HENDERSON, TN 38340	620518288		75,000.				EDUCATION
HEALING HANDS INT'L 455 MCNALLY DR, NASHVILLE, TN 37211	621585366		8,454.				BASIC NEEDS
HUDSON ALPHA INST FOR BIOTECHNOLOGY 601 GENOME WAY, HUNTSVILLE, AL 35806	432059317		87,350.				HEALTH
HUNTSVILLE COMMUNITY DRUMLINE 1800 JORDAN LANE NW, HUNTSVILLE, AL 35816	272887260		17,550.				LIFESTYLE
HUNTSVILLE-MADISON CO SENIOR CENTER 2200 DRAKE AVE SW, HUNTSVILLE, AL 35805	630675772		10,000.				BASIC NEEDS
INTENTIONAL FAITH 2225 DRAKE AVENU SW STE 8, HUNTSVILLE, AL 35805	822125958		17,456.				RELIGION RELATED
JH ISRAEL 402 OFFICE PARK DR SUITE 215, BIRMINGHAM, AL 35223	770567139		10,000.				RELIGION RELATED
LAKE MARTIN HUMAN SOCIETY INC. P.O. BOX 634, ALEXANDER CITY, AL 35011	630847295		17,400.				ANIMAL PROTECTION & WELFARE
LAUNCH 2035 320 PELHAM AVE SW STE 403, HUNTSVILLE, AL 35801	834697154		28,000.				NEIGHBORHOOD/COMMUNITY
LEGACY MINISTRIES 664 STILL WOODS DR, DADEVILLE, AL 36853	753161246		20,000.				RELIGION RELATED
MAYFAIR CHURCH OF CHRIST 1095 CARL T JONES DR SE, HUNTSVILLE, AL 35802	630460551		46,604.				RELIGION RELATED

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

NAVIGATORS P.O. BOX 6079, ALBERT LEA, MN 56007	846007896		17,145.				RELIGION RELATED
NEW FUTURES INC. P.O. BOX 11907, HUNTSVILLE, AL 35814	631177793		15,200.				BASIC NEEDS
NEW HORIZONS FOUNDATION INC 5550 TECH CENTER DR STE 303, COLORADO SPRINGS, CO 80919	841123082		6,000.				NEIGHBORHOOD/COMMUNITY
REACHING INDIANS MINISTRIES INT'L 1949 OLD ELM ROAD, LAKE VILLA, IL 60046	363939257		47,000.				RELIGION RELATED
REFORMED UNIVERSITY FELLOWSHIP P.O. BOX 890004, CHARLOTTE, NC 28289	237366967		13,000.				RELIGION RELATED
SALVATION ARMY HSV MADISON CO P.O. BOX 3799, HUNTSVILLE, AL 35810	580660607		15,000.				BASIC NEEDS
SECOND WIND PROGRAM INC 402 OFFICE PARK DR STE 310, BIRMINGHAM, AL 35223	680174970		41,290.				RELIGION RELATED
SOCIETY OF ST ANDREW 412 CUMBERLAND DR, BIRMINGHAM, AL 35261	541285793		43,256.				BASIC NEEDS
TIGERS UNLIMITED FOUNDATION P.O. BOX 351, AUBURN, AL 36831	364538203		50,000.				PHILANTHROPY
TIN MAN MINISTRIES P.O. BOX 332, BRENTWOOD, TN 37024	475545288		20,000.				RELIGION RELATED
UNIVERSITY OF AL G-14 ROSE ADMIN BLDG, TUSCALOOSA, AL 35487	636001138		10,100.				EDUCATION
UNIVERSITY OF AL AT B'HAM 1720 2ND AVE SOUTH, BIRMINGHAM, AL 35294	636005396		5,750.				EDUCATION
UNIV OF NORTH AL FOUNDATION UNA BOX 5113, FLORENCE, AL 35632	630814488		10,204.				EDUCATION
VALLEY FELLOWSHIP CHURCH 3616 HOLMES AVE NW, HUNTSVILLE, AL 35816	630804421		100,000.				RELIGION RELATED
VAPOR SPORTS MINISTRIES 338 TELLADEGA SPRINGS RD, SYLACAUGA, AL 35151	030566373		40,454.				RELIGION RELATED
WEDC FOUNDATION INC 301 WASHINGTON STR NW, HUNTSVILLE, AL 35801	631207448		8,000.				EDUCATION
A BED 4 ME P.O. BOX 626, VALPARAISO, FL 32580	823811031		10,000.				BASIC NEEDS
AHEPA MOTHER LODGE EDUCATIONAL FUND 7055 NORTHGREEN DR, ATLANTA, GA 30328	581741598		60,000.				EDUCATION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

ALWAYS ENDURE P.O. BOX 904, FAYETTEVILLE, TN 37334	820961656		12,000.				BASIC NEEDS
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE STREET, AUBURN UNIVERSITY, AL 36849	636022422		35,000.				EDUCATION
AUTISM RESOURCE FOUNDATION INC. 200 CLINTON AVE W STE 502, HUNTSVILLE, AL 35801	562666462		7,500.				HEALTH
AUTISM SPEAKS 1060 STATE ROAD 2ND FLOOR, PRINCETON, NJ 08540	202329938		5,025.				HEALTH
BAIL PROJECT P.O. BOX 750, VENICE, CA 90294	814985512		7,204.				BASIC NEEDS
BAJA MISSIONS INC 337 LAKE VALLEY DR, FRANKLIN, TN 37069	200507229		80,000.				BASIC NEEDS
BAPS ENDOWMENT INC 81 SUTTONS LANE SUITE 103, PISCATAWAY, NJ 08854	261530694		7,001.				RELIGION RELATED
BIRMINGHAM-SOUTHERN COLLEGE 900 ARKADDELPHIA RD, BIRMINGHAM, AL 35254	630288811		50,000.				EDUCATION
CARE CENTER P.O. BOX 51, NEW HOPE, AL 35760	311745581		6,200.				BASIC NEEDS
CALHOUN COMMUNITY COLLEGE P.O. BOX 2216, DECATUR, AL 35609	630693846		28,000.				EDUCATION
CANDLELIGHTERS OF BREVARD 436 5TH AVE SUITE 1, INDIALANTIC, FL 32903	593068501		12,000.				BASIC NEEDS
CENTRAL CHURCH OF CHRIST 407 CLINTON AVE E, HUNTSVILLE, AL 35801	630453146		9,800.				RELIGION RELATED
CHRISTIAN FREEDOM INTERNATIONAL P.O. BOX 535, FRONT ROYAL, VA 22630	521283394		6,500.				RELIGION RELATED
CHRISTMAS CHARITIES YEAR ROUND SVC INC 2840 JORDAN LANE, HUNTSVILLE, AL 35816	636005345		8,200.				BASIC NEEDS
COFFIN-LOWRY SYNDROME FOUNDATION 675 KALMIA PL NW, ISSAQUAH, WA 98027	203377465		8,537.				HEALTH
COMPASSION INTERNATIONAL INC 12290 VOYAGER PARKWAY, COLORADO SPRINGS, CO 80921	362423707		12,246.				BASIC NEEDS
DEEP CENTER INC P.O. BOX 5582, SAVANNAH, GA 31414	261706426		40,000.				LIFESTYLE
DIVERSE EDUCATIONAL LIFE TRAINING ACTIVITIES INC P.O. BOX 3713, HUNTSVILLE, AL 35810	631274431		6,460.				EDUCATION
DUCKS UNLIMITED 27 CULPEPPER STREET, WARRENTON, VA 20186	135643799		10,000.				ENVIRONMENT

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

ELM FOUNDATION 7501 MEMORIAL PRVY SW SUITE 115, HUNTSVILLE, AL 35802	460921239		5,204.				BASIC NEEDS
EMERIL LAGASSE FOUNDATION 829 ST. CHARLES AVE, NEW ORLEANS, LA 70130	421536915		60,000.				EDUCATION
FAMILY PROMISE OF BREVARD P.O. BOX 562666, ROCKLEDGE, FL 32956	331170962		9,500.				BASIC NEEDS
FANTASY PLAYHOUSE CHILDREN'S THEATER 3312 LONG AVENUE SW, HUNTSVILLE, AL 35805	636062217		61,000.				LIFESTYLE
FAYETTEVILLE ARP CHURCH 1720 HUNTSVILLE HWY, FAYETTEVILLE, TN 37334	621164115		14,475.				RELIGION RELATED
FELINES AND CANINES P.O. BOX 18383, HUNTSVILLE, AL 35804	362922975		13,000.				ANIMAL PROTECTION & WELFARE
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS P.O. BOX 17408, DENVER, CO 80217	841522811		10,000.				RELIGION RELATED
FIRST BIBLE CHURCH 3202 SPRING AVE SW, DECATUR, AL 35603	630518401		37,070.				RELIGION RELATED
FIRST UNITED METHODIST CHURCH 325 N BROAD S, BREVARD, NC 28712	560666925		15,000.				RELIGION RELATED
FOOD FOR OTHERS INC 2938 PROSPERITY AVE, FAIRFAX, VA 22031	541777157		10,000.				BASIC NEEDS
GENEROSITY FOUNDATION 509 RABDIKOG AVE SE, HUNTSVILLE, AL 35801	833601475		10,000.				PHILANTHROPY
GRACE FELLOWSHIP BAPTIST CHURCH 8555-8731 SCOTTOBORO HWY, SCOTTSBORO, AL 35769	510506379		10,000.				RELIGION RELATED
GRACES OF GURLEY INC P.O. BOX 83, GURLEY, AL 35748	473579735		12,200.				RELIGION RELATED
HARRIS HOME FOR CHILDREN 1210 CHURCH STREET NW, HUNTSVILLE, AL 35801	630421494		13,330.				BASIC NEEDS
HERITAGE CHRISTIAN UNIVERSITY P.O. BOX HCU, FLORENCE, AL 35630	237013287		25,075.				EDUCATION
HINDU CULTURAL CENTER OF NORTH AL INC P.O. BOX 12362, HUNTSVILLE, AL 35815	320284480		7,501.				RELIGION RELATED
HIS WAY RECOVERY CENTER 582 SHIELDS ROAD, HUNTSVILLE, AL 35811	571171249		14,850.				HEALTH
HOMES FOR OUR TROOPS 6 MAIN STREET, TAUNTON, MA 02780	542143612		6,750.				BASIC NEEDS

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

HOPE RECOVERY CENTER 1925 HIGHWAY 18, MEDON, TN 38356	271226306		5,750.				HEALTH
HUNTSVILLE BOTANICAL GARDEN FOUNDATION 4747 BOB WALLACE AVE SW, HUNTSVILLE, AL 35805	631210114		25,500.				LIFESTYLE
HUNTSVILLE LIBRARY FOUNDATION P.O. BOX 443, HUNTSVILLE, AL 35804	630927523		20,450.				EDUCATION
HUNTSVILLE SYMPHONY ORCHESTRA FOUNDATION P.O. BOX 2400, HUNTSVILLE, AL 35804	631247731		10,200.				LIFESTYLE
HUNTSVILLE TN VALLEY AMBUCS P.O. BOX 1423, MADISON, AL 35758	900515671		10,000.				BASIC NEEDS
HUNTSVILLE-MADISON COUNTY RESCUE SQUAD INC 820 COOK AVE, HUNTSVILLE, AL 35801	237113537		15,000.				BASIC NEEDS
ISAIAH 41-10 FOUNDATION 3 OLD COVE PL SOUTH EAST, GURLEY, AL 35748	831504911		7,500.				RELIGION RELATED
JOYCE MEYER MINISTRIES P.O. BOX 655, FENTON, MO 63026	431382734		5,577.				RELIGION RELATED
JUDSON COLLEGE 302 BIBB STREET, MARION, AL 36756	630288850		17,652.				EDUCATION
KRUZN FOR A KURE FOUNDATION P.O. BOX 2752, MUSCLE SHOALS, AL 35662	813843682		10,000.				HEALTH
LIFE ACTION MINISTRIES P.O. BOX 31, BUCHANAN, MI 49107	382157686		75,000.				RELIGION RELATED
LIVIN ROOM 201 WILLIAMS AVE SW, HUNTSVILLE, AL 35801	842157374		30,408.				NEIGHBORHOOD/COMMUNITY
LOCUST GROVE BAPTIST CHURCH 171 COUNTY LAKE ROAD, NEW MARKET, AL 35761	630762323		16,434.				RELIGION RELATED
MADISON BIBLE CHURCH 1520 HUGHES ROAD, MADISON, AL 35758	631072291		59,100.				RELIGION RELATED
MADISON VISIONARY PARTNERS 103 SPENRYN DRIVE, MADISON, AL 35758	461676220		110,000.				PHILANTHROPY
MERRIMACK HALL PERFORMING ARTS CENTER 3320 TRIANA BLVD SW, HUNTSVILLE, AL 35805	205413583		10,750.				LIFESTYLE
MISSISSIPPI STATE UNIVERSITY FOUNDATION INC P.O. BOX 6149, MISSISSIPPI STATE, MS 39762	640410581		50,000.				EDUCATION
MT. JULIET CHURCH OF CHRIST 1940 N MT. JULIET ROAD, MOUNT JULIET, TN 37122	620905151		5,200.				RELIGION RELATED
MUD CREEK ARCHIVE INCORPORATED 3901 BROADMOR RD NW, HUNTSVILLE, AL 35810	824405195		6,000.				LIFESTYLE

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

NEXT STEP FARMS 106 CANOE BROOK LN, HUNTSVILLE, AL 35806	834389587		19,756.				BASIC NEEDS
NORTH ALABAMA ZOOLOGICAL SOCIETY P.O. BOX 127, RYLAND, AL 35767	842793341		15,500.				ANIMAL PROTECTION & WELFARE
NOT FORGOTTEN INC 429 GLENWOOD ROAD, BIRMINGHAM, AL 35216	260734351		7,500.				BASIC NEEDS
ONWARD CAMPUS MINISTRIES 1273 SWEETWOOD CIR, AUBURN, AL 36830	843623279		6,500.				RELIGION RELATED
OUTBACK MINISTRIES INC 402 OFFICE PARK STE 310, BIRMINGHAM, AL 35223	752599602		8,500.				RELIGION RELATED
PRESBYTERIAN HOME FOR CHILDREN P.O. DRAWER 577, TALLADEGA, AL 35161	630307953		10,000.				BASIC NEEDS
R FATHERS MAD P.O. BOX 17161, HUNTSVILLE, AL 35810	272559119		5,250.				BASIC NEEDS
RESOURCING CHRISTIAN EDUCATION INT'L NFP P.O. BOX 4528, WHEATON, IL 60189	571154204		6,500.				EDUCATION
ROSIES INTERNATIONAL SERVICES P.O. BOX 21, HUNTSVILLE, AL 35804	651183375		8,500.				EDUCATION
SAMFORD UNIVERSITY 800 LAKESHORE DR, BIRMINGHAM, AL 35229	630312914		9,000.				EDUCATION
SEASIDE SCHOOL FOUNDATION INC P.O. BOX 4825, SANTA ROSA BEACH, FL 32459	261979343		10,000.				EDUCATION
SERVICE DOGS ALABAMA 8365 MOBILE HWY, HOPE HULL, AL 36043	473171146		10,000.				BASIC NEEDS
SOLIDARITY MINISTRIES AFRICA FOR RECON AND DEV 9701 TURNER LN, BRENTWOOD, TN 37027	474773811		8,000.				EDUCATION
SON OF A SAINT 2803 ST. PHILIP STREET, NEW ORLEANS, LA 70119	465554558		10,000.				BASIC NEEDS
SUMMIT CROSSING COMMUNITY CHURCH P.O. BOX 148, MADISON, AL 35758	562368786		14,350.				RELIGION RELATED
TEMPLE BNAI SHOLOM 103 LINCOLN ST SE, HUNTSVILLE, AL 35801	630859567		10,000.				RELIGION RELATED
THE VALLEY FOUNDATION 301 GOVERNORS DR SW #313, HUNTSVILLE, AL 35801	237352886		10,000.				PHILANTHROPY
THERAPY PARTNERS INC 2227 DRAKE AVENUE BUILDING #9, HUNTSVILLE, AL 35805	631138322		9,000.				HEALTH

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

TWICKENHAM CHURCH OF CHRIST 7500 WHITESBURG DRIVE, HUNTSVILLE, AL 35802	630773310		15,000.			RELIGION RELATED
UNITARIAN UNIVERSALIST CHURCH OF HUNTSVILLE P.O. BOX 5545, HUNTSVILLE, AL 35814	630586028		10,000.			RELIGION RELATED
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL P.O. BOX 1080, CHAPEL HILL, NC 27514	591711424		5,500.			EDUCATION
US ISRAEL EDUCATION ASSOCIATION INC. 402 OFFICE PARK DR STE 290, BIRMINGHAM, AL 35223	454713417		10,000.			EDUCATION
VOICE OF THE MARTYRS INC 1815 SW BISON ROAD, BARTLESVILLE, OK 74006	731395057		7,500.			RELIGION RELATED
VON BRAUN CIVIC CENTER 700 MONROE STREET, HUNTSVILLE, AL 35801	630621994		390,611.			LIFESTYLE
WELLSTONE INC 4040 SOUTH MEMORIAL PARKWAY, HUNTSVILLE, AL 35802	630579328		10,350.			HEALTH
WESTMINSTER CHRISTIAN ACADEMY 237 JOHNS ROAD NORTHWEST, HUNTSVILLE, AL 35806	630478809		18,100.			EDUCATION
WESTSIDE CARES 2808 W COLORADO AVE, COLORADO SPRINGS, CO 80904	742354492		10,000.			BASIC NEEDS
WORLD VISION P.O. BOX 9716, FEDERAL WAY, WA 98063	953202116		5,738.			BASIC NEEDS
YALE UNIVERSITY P.O. BOX 208232, NEW HAVEN, CT 06520	060646973		100,000.			EDUCATION
			5,696,603.		0.	

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number

26-3750673

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |

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 | X |
| b Any related organization? | 5b | X |

If "Yes" on line 5a or 5b, describe in Part III.

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 | X |
| b Any related organization? | 6b | X |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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				
CLAYTON GIBSON 1 MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	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)							

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization COMMUNITY FOUNDATION OF GREATER HUNTSVILLE	Employer identification number 26-3750673
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRIS RUSSELL	FORMER BOARD MEMBER	6,000,000.	CRA INVESTMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

1: THE COMMUNITY FOUNDATION HAS ENTERED INTO A LOAN TRANSACTION WITH CADENCE BANK, WHERE CHRIS RUSSELL IS AN EMPLOYEE AND OFFICER. THE LOAN TRANSACTION WAS A PART OF CADENCE BANK'S OVERALL COMMUNITY REINVESTMENT ACT PORTFOLIO. ALTHOUGH CHRIS RUSSELL RECEIVED NO PERSONAL BENEFIT - EITHER DIRECTLY OR INDIRECTLY - FROM THE TRANSACTION, HE NONETHELESS RECUSED HIMSELF FROM THE DISCUSSION AND BOARD VOTE ON THE TRANSACTION TO AVOID ANY APPEARANCE OF A CONFLICT OF INTEREST.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

- ▶ **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.**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

26-3750673

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	22	4,281,140.	FAIR 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**

	Yes	No
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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

Employer identification number

26-3750673

Pt VI, Line 11b: COPY OF 990 AND ANY ASSOCIATED INFORMATION IS DISTRIBUTED TO
BOARD MEMBERS. BOARD MEMBERS REVIEW THE RETURN PRIOR TO FILING.

Pt VI, Line 19: ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND POSTED
TO GUIDESTAR.

Pt VI, Line 12c: CONFLICT OF INTEREST POLICY IS REVIEWED AND DISCLOSURE STATEMENT
IS SIGNED ANNUALLY.

Pt VI, Line 15a: EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA AND MAKES A
RECOMMENDATION TO THE BOARD. THE BOARD APPROVES THE PERSONNEL BUDGET ANNUALLY.

Pt VI, Line 15b: COUNCIL ON FOUNDATIONS COMMUNITY FOUNDATION SALARY SURVEY USED
TO ESTABLISH THE COMPLETE COMPENSATION STRUCTURE FOR ALL STAFF.

Pt VI, Line 2: MEMBERS OF THE BOARD HAVE VARIOUS BUSINESS RELATIONSHIPS WITH
OTHER BOARD MEMBERS. ALL BUSINESS RELATIONSHIPS ARE CONDUCTED IN THE ORDINARY
COURSE OF EITHER PARTY'S BUSINESS ON THE SAME TERMS AS GENERALLY OFFERED TO THE
PUBLIC.

Pt VI, Line 3: THE ORGANIZATION OUTSOURCES ITS BACK OFFICE OPERATIONS TO GREATER
HORIZONS, A SUPPORTING ORGANIZATION OF THE GREATER KANSAS CITY COMMUNITY FOUNDATION,
A MISSOURI NONPROFIT ORGANIZATION.

Pt VI, Line 18: AVAILABLE FOR PUBLIC INSPECTION ON GUIDESTAR.

Pt III, Line 4d:

Expenses: \$87,884 including grants of: \$81,491 Revenue: \$14,065

Description: The Community Foundation, through its Women's Philanthropy Society, works to strategically address
issues affecting women and families in our community. In 2021, the Women's Philanthropy Society chose to improve academic equity and literacy. Efforts to raise awareness about this issue included a virtual community conversation to solicit
feedback from the community on gaps, barriers, and priorities in the area of education, as well as a service project in which members conducted a book and supply drive for the Boys and Girls Club of North Alabama and spent days volunteering in the Village of Promise
Library. After a competitive grants process, the grants committee awarded a \$50,000 grant to Madison City Schools for the 'Improved Literacy for All' collaborative for Orton Gillingham Training. This project supports 90 teachers and 2,700 students across the three public school districts in Madison County, Alabama.

Expenses: \$31,841 including grants of: \$0 Revenue: \$76,126

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER HUNTSVILLE

26-3750673

Description: On November 2, 2021, the Community Foundation hosted its annual Summit on Philanthropy where over 400 community stakeholders were in attendance. This event is designed to inspire and celebrate philanthropy in our community and features the presentation of our annual community philanthropy awards.

Expenses: \$26,373 including grants of: \$0 Revenue: \$45,300

Description: On June 29, 2021, the Community Foundation hosted its eighth annual NAVIGATE conference (formerly Nonprofit University) for nonprofit professionals, board members and volunteers. This event was designed to build the capacity of the nonprofit organizations that serve the North Alabama region and featured an inspirational keynote address, followed by nine concurrent tracks of training. We had to limit capacity to 75% due to current COVID guidance at the time. There were 352 registrations, representing 165 organizations.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer COMMUNITY FOUNDATION OF GREATER HUNTSVILLE	EIN or SSN 26-3750673
Name and title of officer or person subject to tax MELISSA THOMPSON, CEO/PRESIDENT	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b 14,690,741.
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MERCER & ASSOCIATES, PC to enter my PIN

5	5	5	5	5
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6	3	2	3	0	8	3	5	8	0	1
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Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 07/19/2022

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So