

## Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**NORTH GEORGIA COMMUNITY FOUNDATION, \*\*-\*\*\*0318  
INC.**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>49,532,658</u>
<b>Revenue</b>		
Contributions	<u>11,596,086</u>	
Program service revenue	<u>428,885</u>	
Investment income	<u>2,465,175</u>	
Capital gain / loss	<u>158,598</u>	
Fundraising / Gaming:		
Gross revenue	<u>18,525</u>	
Direct expenses	<u>56,249</u>	
Net income	<u>-37,724</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>14,611,020</u>
<b>Expenses</b>		
Program services	<u>9,036,606</u>	
Management and general	<u>314,716</u>	
Fundraising	<u>108,511</u>	
<b>Total expenses</b>		<u>9,459,833</u>
<b>Excess / (deficit)</b>		<u>5,151,187</u>
Changes		<u>4,999,087</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>59,682,932</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>17,336,609</u>
Less:	
Unrealized gains	<u>4,071,507</u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>56,250</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>1,402,168</u>
<b>Total revenue per return</b>	<u>14,611,020</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>8,975,256</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>56,250</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>540,827</u>
<b>Total expenses per return</b>	<u>9,459,833</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>50,915,319</u>	<u>60,952,112</u>	
Liabilities	<u>1,382,661</u>	<u>1,269,180</u>	
Net assets	<u>49,532,658</u>	<u>59,682,932</u>	<u>10,150,274</u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/18  
Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**NORTH GEORGIA COMMUNITY FOUNDATION, \*\*-\*\*\*0318  
INC.**

**Income**

Gross profit	<u>230,847</u>	
Capital gain / loss	_____	
Unrelated debt-financed income	_____	
All other income	_____	
<b>Total income</b>		<u>230,847</u>

**Deductions**

Officer compensation	<u>18,472</u>	
Salaries	<u>26,800</u>	
All other deductions	<u>21,227</u>	
Net operating loss	_____	
Specific deduction	<u>1,000</u>	
<b>Total deductions</b>		<u>67,499</u>

**Unrelated business taxable income**

163,348

**Taxes / Credits / Payments**

Regular tax	<u>46,956</u>	
Proxy tax	_____	
Alternative minimum tax	_____	
<b>Tax</b>		<u>46,956</u>

Foreign tax credit	_____	
Other credits	_____	
General business credits	_____	
Prior year minimum tax credit	_____	

**Total nonrefundable credits**

Other taxes	_____	
<b>Total tax</b>		<u>46,956</u>

Estimated tax payments	<u>45,456</u>	
Paid with extension	<u>13,725</u>	
Tax withheld	_____	
Other credits / payments	_____	
Estimated tax penalty	<u>36</u>	
Overpayment applied to next year's tax	<u>12,189</u>	

**Payments / penalty / application**

46,956

**Net tax due**

0

**Additions to Tax**

Interest on late payments	_____	
Failure to file penalty	_____	
Failure to pay penalty	_____	

**Total additions**

**Balance due**

**Refund**

**Next Year's Estimates**

1st quarter	_____	
2nd quarter	<u>11,289</u>	
3rd quarter	<u>11,739</u>	
4th quarter	<u>11,739</u>	
<b>Total</b>	<u>34,767</u>	

**Miscellaneous Information**

Amended return \_\_\_\_\_  
Return / extended due date 11/15/18

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning . . . . ., 2017, and ending . . . . ., 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2017

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

Employer identification number

**\*\* - \*\*\*0318**

Name and title of officer

**MICHELLE PRATER  
EXECUTIVE DIRECTOR**

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>14,611,020</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize **RUSHTON & COMPANY, LLC** to enter my PIN **11683** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature } \_\_\_\_\_

Date } **07/20/18**

#### 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.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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 } **J. CHRIS HOLLIFIELD**

Date } **07/20/18**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C** Name of organization **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**615 F OAK STREET NW**  
 City or town, state or province, country, and ZIP or foreign postal code  
**GAINESVILLE GA 30501**

**D** Employer identification number  
**\*\* - \*\*\* 0318**

**E** Telephone number  
**770-535-7880**

**F** Name and address of principal officer:  
**MICHELLE PRATER**  
**615 OAK STREET NW STE 1300**  
**GAINESVILLE GA 30501**

**G** Gross receipts \$ **23,079,752**

**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) ( ) t (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.NGCF.ORG** **H(c)** Group exemption number **U**

**K** Form of organization:  Corporation  Trust  Association  Other **U** **L** Year of formation: **1985** **M** State of legal domicile: **GA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE NORTH GEORGIA COMMUNITY FOUNDATION IS DEDICATED TO ENHANCING THE SPIRIT OF COMMUNITY AND QUALITY OF LIFE IN THE GREATER NORTH GEORGIA REGION BY BUILDING, PRESERVING, AND DISTRIBUTING PHILANTHROPIC ASSETS</b>		
	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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	230,847
b Net unrelated business taxable income from Form 990-T, line 34	7b	163,348	
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,062,272	11,596,086
	9 Program service revenue (Part VIII, line 2g)	461,552	428,885
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,159,479	2,623,773
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-38,068	-37,724
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,645,235	14,611,020
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,295,879	8,311,404
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	500,245	426,107
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <b>U</b> <b>108,511</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	515,523	722,322
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,311,647	9,459,833	
19 Revenue less expenses. Subtract line 18 from line 12	4,333,588	5,151,187	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 50,915,319	End of Year 60,952,112
	21 Total liabilities (Part X, line 26)	1,382,661	1,269,180
	22 Net assets or fund balances. Subtract line 21 from line 20	49,532,658	59,682,932

**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: **MICHELLE PRATER** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **J. CHRIS HOLLIFIELD** Preparer's signature: **J. CHRIS HOLLIFIELD** Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name: **RUSHTON & COMPANY, LLC** Firm's EIN: **\*\* - \*\*\* 2374**  
 Firm's address: **P.O. BOX 2917 GAINESVILLE, GA 30503** Phone no.: **770-287-7800**

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

1 Briefly describe the organization's mission:

**THE NORTH GEORGIA COMMUNITY FOUNDATION IS DEDICATED TO ENHANCING THE SPIRIT OF COMMUNITY AND QUALITY OF LIFE IN THE GREATER NORTH GEORGIA REGION BY BUILDING, PRESERVING, AND DISTRIBUTING PHILANTHROPIC ASSETS**

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 \$ **8,755,761** including grants of \$ **8,311,404** ) (Revenue \$ **52,333** )

**GRANTS AND SCHOLARSHIPS**

**THE NORTH GEORGIA COMMUNITY FOUNDATION OFFERS OUR DONORS THE OPPORTUNITY TO CREATE A LEGACY BY ESTABLISHING CHARITABLE FUNDS TO MAKE GRANTS TO SUPPORT NONPROFIT ORGANIZATIONS AND CAUSES IMPORTANT TO THEM. IN ADDITION, WE SUPPORT AREA NONPROFITS THROUGH OUR COMMUNITY IMPACT GRANT PROGRAM AND LOCAL STUDENTS THROUGH OUR SCHOLARSHIP PROGRAMS. DURING THE YEAR, WE AWARDED OVER \$5 MILLION IN GRANTS AND \$200,000 IN SCHOLARSHIPS.**

4b (Code: ) (Expenses \$ **158,435** including grants of \$ ) (Revenue \$ **136,755** )

**SERVICE TO NONPROFITS**

**THE COMMUNITY FOUNDATION IS COMMITTED TO SUPPORTING LOCAL NON-PROFIT ORGANIZATIONS. THE FOUNDATION OFFERS AFFORDABLE OFFICE SPACE TO A WIDE VARIETY OF NON-PROFITS. IN ADDITION TO THE FOUNDATION OFFICES, THE COMMUNITY FOUNDATION BUILDING IS HOME TO 11 LOCAL NON-PROFIT ORGANIZATIONS. THROUGH THE NONPROFIT NETWORK, WHICH PROVIDES ELECTRONIC NEWSLETTERS WITH FIELD-SPECIFIC INFORMATION TO NETWORK MEMBERS AND TRAINING WORKSHOPS THAT ARE LOCAL AND AFFORDABLE FOR THE SMALLER NON-PROFITS IN THE REGION, THE COMMUNITY FOUNDATION IS ABLE TO BUILD CAPACITY AND STRENGTHEN THE LOCAL NON-PROFITS SO THEY CAN BETTER ACHIEVE THEIR MISSIONS.**

4c (Code: ) (Expenses \$ **122,410** including grants of \$ ) (Revenue \$ **8,950** )

**PROMOTING PHILANTHROPY**

**THE COMMUNITY FOUNDATION PROVIDES PROFESSIONAL ADVISORS WITH THE INFORMATION THEY NEED TO ADD CHARITABLE GIVING AND PHILANTHROPIC PLANNING TO THE DISCUSSIONS THEY HAVE WITH THEIR CLIENTS. BY ACTIVELY WORKING WITH PROFESSIONAL ADVISORS THE COMMUNITY FOUNDATION IS PROMOTING PHILANTHROPY IN THE NORTH GEORGIA COMMUNITY. IN ADDITION, THE COMMUNITY FOUNDATION HOSTS AN ANNUAL PHILANTHROPIST OF THE YEAR EVENT WHICH HONORS AN INDIVIDUAL, FAMILY OR BUSINESS FOR LIFE-TIME OR LONG-TERM ACHIEVEMENTS THAT HAVE MADE A SIGNIFICANT IMPACT IN THE COMMUNITY. THE AWARD HONORS THOSE WITH A PROVEN RECORD OF EXCEPTIONAL GENEROSITY AND WHOSE GENEROSITY ENCOURAGES OTHERS TO TAKE PHILANTHROPIC LEADERSHIP ROLES.**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **9,036,606**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>U</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>22</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>22</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	<b>X</b>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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: **u**

**LISA WARWICK**  
**GAINESVILLE**

**615F OAK STREET**

**GA 30503**

**770-535-7880**

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE PRATER ..... EXECUTIVE DIRECTOR	40.00 ..... 0.00	X		X			123,146	0	7,389	
(2) STEVE COCKERHAM ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(3) JEFF ASH ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(4) STROTHER RANDOLPH ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(5) PHIL BETTIS ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(6) JAY JACOBS ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(7) CAL JOHNSON ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(8) CHIP FRIERSON ..... SECRETARY	1.00 ..... 0.00	X		X			0	0	0	
(9) BLAIR DIAZ ..... MEMBER	1.00 ..... 0.00	X					0	0	0	
(10) DAREN WAYNE ..... PAST CHAIR	1.00 ..... 0.00	X		X			0	0	0	
(11) VIRGILIO PEREZ PASCOE ..... CHAIR	1.00 ..... 0.00	X		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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>TIM DARRAH</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(13) <b>ROB FOWLER</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(14) <b>LONA POPE</b> ..... <b>VICE CHAIR</b>	1.00 0.00	X		X				0	0	0
(15) <b>RUSTY HOPKINS</b> ..... <b>TREASURER</b>	1.00 0.00	X		X				0	0	0
(16) <b>MARY HELEN MCGRUDER</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(17) <b>TRACY JORDAN</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(18) <b>DONNA MAYO</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(19) <b>BETHANY MAGNUS</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
<b>1b Sub-total</b> .....								<b>123,146</b>		<b>7,389</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>123,146</b>		<b>7,389</b>

**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 **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>

**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 **u**

0

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 11,596,086				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 1,162,344					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 11,596,086				
<b>Program Service Revenue</b>		<b>Busn. Code</b>				
	<b>2a</b> ADMINISTRATIVE FEES	900099	230,847	230,847		
	<b>b</b> OFFICE RENTAL TO NON PROFITS	900099	96,527	96,527		
	<b>c</b> FOUNDATION FEES - OTHER	900099	80,512	80,512		
	<b>d</b> PHILANTHROPIST OF THE YEAR	900099	8,950	8,950		
	<b>e</b> REGION 2 RTAC EDUC FUND	900099	6,968	6,968		
	<b>f</b> All other program service revenue	900099	5,081	5,081		
	<b>g Total.</b> Add lines 2a-2f	<b>u</b> 428,885				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 2,465,175			2,465,175	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	8,571,081			
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.	8,412,483				
	<b>c</b> Gain or (loss)	158,598				
	<b>d</b> Net gain or (loss)	<b>u</b> 158,598	158,598			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 18,525				
		<b>b</b> Less: direct expenses	<b>b</b> 56,249			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b> -37,724			-34,277	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
<b>Miscellaneous Revenue</b>	<b>Busn. Code</b>					
	<b>11a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions.	<b>u</b> 14,611,020	356,636	230,847	2,430,898		

**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	8,091,637	8,091,637		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	219,767	219,767		
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	123,146	18,472	55,416	49,258
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	223,214	69,296	124,241	29,677
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,022	3,553	7,273	3,196
9 Other employee benefits	36,965	9,367	19,174	8,424
10 Payroll taxes	28,760	7,288	14,918	6,554
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,088	25,069	1	18
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,648	2,648		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,745	22,609	115	21
12 Advertising and promotion	10,979	2,782	5,695	2,502
13 Office expenses	144,975	138,103	5,118	1,754
14 Information technology				
15 Royalties				
16 Occupancy	73,025	69,563	2,578	884
17 Travel	22,488	5,698	11,665	5,125
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,263	2,156	80	27
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,454	62,362	2,300	792
23 Insurance	9,330	8,888	329	113
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	189,601	189,601		
b INCOME TAX	65,320		65,320	
c PHILANTHROPIST OF THE YEA	36,954	36,954		
d REGION 2 RTAC FUND	26,208	26,208		
e All other expenses	25,244	24,585	493	166
25 Total functional expenses. Add lines 1 through 24e	9,459,833	9,036,606	314,716	108,511
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	
<b>Assets</b>	1	Cash—non-interest bearing	1,509,381	1	2,301,047
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	39,761	7	29,693
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,606	9	11,910
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,831,585		
	10b	Less: accumulated depreciation	863,332		
	10c		1,905,897	10c	1,968,253
	11	Investments—publicly traded securities	47,435,674	11	56,641,209
	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		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	50,915,319	16	60,952,112	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	2,028	17	13,781
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	145,261	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	1,235,372	25	1,255,399
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,382,661	26	1,269,180
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	47,876,823	27	57,873,483
	28	Temporarily restricted net assets	1,655,835	28	1,809,449
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	49,532,658	33	59,682,932	
34	<b>Total liabilities and net assets/fund balances</b>	50,915,319	34	60,952,112	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>14,611,020</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>9,459,833</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>5,151,187</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>49,532,658</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>4,071,507</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>927,580</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>59,682,932</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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 in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>PHILLIPPA LEWIS MOSS</b> MEMBER	1.00 0.00	X						0	0	0
(21) <b>LANCE CARPENTER</b> MEMBER	1.00 0.00	X						0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> 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> .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		

**Section B. Independent Contractors**

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

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

**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



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

**U Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

Employer identification number

**\*\*-\*\*\*0318**

**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 or 990-EZ).)
- 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 33 1/3% 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 33 1/3% 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 in 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)						
<b>Total</b>						

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 204,892
13 First five 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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 83.21%. Row 15: Public support percentage from 2016 Schedule A, Part II, line 14 15 85.97%.

16a 33 1/3% support test—2017. 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 [X]
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a**  The organization satisfied the Activities Test. *Complete line 2 below.*
  - b**  The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c**  The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. *Answer (a) and (b) below.*

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>PROGRAM SERVICE REVENUE</b>	<b>\$ 37,421</b>
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**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

⤵ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
⤵ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b> <b>NORTH GEORGIA COMMUNITY FOUNDATION,</b> <b>INC.</b>	<b>Employer identification number</b>  <b>** - ***0318</b>
--	--

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

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

Name of organization <b>NORTH GEORGIA COMMUNITY FOUNDATION,</b>	Employer identification number <b>** - ***0318</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHANTAL AND TOMMY BAGWELL 4705 LELAND DRIVE CUMMING GA 30041	\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FRED AND SARA HOYT P O BOX 12366 ATLANTA GA 30355	\$ 321,974	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELTON MADDOX 4774 CLARKS BRIDGE RD GAINESVILLE GA 30506	\$ 850,822	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DONALD MOSS SCHOLARSHIP P.O. BOX 1492 DAWSONVILLE GA 30534	\$ 1,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DWM INC PO BOX 1492 DAWSONVILLE GA 30534	\$ 900,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESTATE OF ABBY LATHEM 1236 WAYNE POULTRY RD PENDERGRASS GA 30567	\$ 243,187	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> NORTH GEORGIA COMMUNITY FOUNDATION,	<b>Employer identification number</b> **-***0318
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HUMANE SOCIETY OF NORTHEAST 845 WEST RIDGE ROAD GAINESVILLE GA 30501	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**NORTH GEORGIA COMMUNITY FOUNDATION,**

Employer identification number

**\*\* - \*\*\*0318**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK	\$ 350,822	06/13/17
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	
		\$ .....	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number

\*\* - \*\*\* 0318

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advised funds and grant fund usage.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 2 columns: Description, Amount. Rows include 1a) works of art held for public exhibition, 1b) works of art held for public exhibition with amounts, and 2) works of art held for financial gain with 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 are a 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 programs
- 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:

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

	Amount
1c	129,161,267
1d	20,712,384
1e	-12,303,084
1f	137,570,567

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	8,182,665	9,343,934	8,110,182	7,483,311	6,607,711
b Contributions	1,029,627	677,880	1,648,955	667,645	342,285
c Net investment earnings, gains, and losses	1,392,834	631,355	179,652	524,670	1,257,288
d Grants or scholarships	-540,827	-2,376,618	-502,855	-481,674	-649,720
e Other expenditures for facilities and programs					
f Administrative expenses	-92,714	-93,886	-92,000	-83,770	-74,253
g End of year balance	9,971,585	8,182,665	9,343,934	8,110,182	7,483,311

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		567,690		567,690
b Buildings		1,996,142	672,664	1,323,478
c Leasehold improvements				
d Equipment		193,347	128,705	64,642
e Other		74,406	61,963	12,443
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>1,968,253</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <input type="checkbox"/>		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <input type="checkbox"/>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>LIABILITIES UNDER SPLIT INTEREST AG</b>	<b>1,173,915</b>	
(3) <b>ANNUITY LIABILITIES</b>	<b>76,654</b>	
(4) <b>INCOME TAXES PAYABLE</b>	<b>4,190</b>	
(5) <b>SECURITY DEPOSIT</b>	<b>640</b>	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <input type="checkbox"/>	<b>1,255,399</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	17,336,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	4,071,507	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	56,250	
	e Add lines 2a through 2d	2e		4,127,757
3	Subtract line 2e from line 1		3	13,208,852
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	1,402,168	
	c Add lines 4a and 4b	4c		1,402,168
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	14,611,020

**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	8,975,256
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	56,250	
	e Add lines 2a through 2d	2e		56,250
3	Subtract line 2e from line 1		3	8,919,006
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	540,827	
	c Add lines 4a and 4b	4c		540,827
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,459,833

**Part XIII Supplemental Information.**

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

**PART IV, LINE 1B - EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS**

THE FOUNDATION ACTS AS TRUSTEE FOR VARIOUS TRUSTS AND FOUNDATIONS THAT MAINTAIN THEIR ASSETS AT THE NORTH GEORGIA COMMUNITY FOUNDATION. THE FOUNDATION DOES NOT HAVE VARIANCE POWER AS TRUSTEE AND HAS REPORTED THESE AMOUNTS IN PRIOR YEARS AS BOTH AN ASSET AND A LIABILITY.

**PART X - FIN 48 FOOTNOTE**

**NOTE 16 - UNCERTAIN TAX POSITIONS**

EFFECTIVE JANUARY 1, 2010, THE FOUNDATION IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD [FASB] ASC 740, INCOME



**Part XIII Supplemental Information** (continued)

TAXES. THE GUIDANCE PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2017, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FOUNDATION HAS VARIOUS REVENUE FROM CHARGES FOR SERVICES WHICH CREATES UNRELATED BUSINESS INCOME TAX. THE FOUNDATION PAYS THE REQUIRED FEDERAL AND STATE INCOME TAX AT THE CORPORATE TAX RATES.

WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2014.

## PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSE	\$ 56,250
------------------------	-----------

## PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

FAS 136 DONATIONS	\$ 1,016,962
-------------------	--------------

FAS 136 INVESTMENT REVENUE	\$ 385,206
----------------------------	------------

## PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSE	\$ 56,250
------------------------	-----------

**Part XIII Supplemental Information** *(continued)*

**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

**FAS 136 GRANTS** **\$ 540,827**

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

Employer identification number

**\*\* - \*\*\*0318**

**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 (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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	(b) Event #2	(c) Other events	(d) Total events
		<u>DANCING FOR A C</u> (event type)	<u>JEFFREY GAY MEM</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	11,671	6,854	18,525
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	11,671	6,854	18,525
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	45,948	10,301	56,249
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-37,724

**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))
		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: \_\_\_\_\_  
 \_\_\_\_\_



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**\*\* - \*\*\* 0318**

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(1)	12U GEORGIA SANDLOT 90 COPPER MILL RD. DAHLONEGA GA 30533	** - *** 3858	3	7,000				SOCIAL SERVICES
(2)	ADVENTURES IN MISSIONS, INC. PO BOX 742570 ATLANTA GA 30374-2570	** - *** 3113	3	10,250				RELIGION
(3)	ATHENS TECHNICAL COLLEGE FOUNDATION 800 HIGHWAY 29, NORTH ATHENS GA 30601-1500	** - *** 4771	3	78,000				HEALTH
(4)	AUSTIN CLASSICAL GUITAR SOCIETY P.O. BOX 4072 AUSTIN TX 78765	** - *** 5883	3	10,000				ARTS/CULTURE
(5)	AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE STREET, SUITE 300 AUSTIN TX 78751	** - *** 4031	3	10,000				SOCIAL SERVICES
(6)	BOY SCOUTS OF AMERICA - NORTHEAST G P.O. BOX 399 JEFFERSON GA 30549	** - *** 6207	3	25,000				SOCIAL SERVICES
(7)	BOYS & GIRLS CLUBS OF LANIER P.O. BOX 691 GAINESVILLE GA 30503	** - *** 6890	3	30,000				SOCIAL SERVICES
(8)	BRENAU UNIVERSITY 500 WASHINGTON ST., SE GAINESVILLE GA 30501	** - *** 6143	3	62,650				EDUCATION
(9)	CAREGIVER'S HOPE, INC. P.O. BOX 94173 ATLANTA GA 30377	** - *** 2833	3	7,000				SOCIAL SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 90**
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(1)	CENTER POINT, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	** - *** 2054	3	128,444				SOCIAL SERVICES
(2)	CIRCLE OF HOPE P.O. BOX 833 CORNELIA GA 30531	** - *** 6060	3	9,809				SOCIAL SERVICES
(3)	CITY CHURCH GAINESVILLE 3504 EDGEWOOD CIRCLE GAINESVILLE GA 30506	** - *** 4893	3	80,000				RELIGION
(4)	CLEMSON UNIVERSITY G08 SIKES HALL CLEMSON SC 29634	** - *** 6335	3	10,000				EDUCATION
(5)	CROSS TRAINING SPORTS CAMP, INC. PO BOX 578 OAKWOOD GA 30566	** - *** 1487	3	30,000				EDUCATION
(6)	CUMMING FIRST UNITED METHODIST CHUR P.O. BOX 606 CUMMING GA 30028	** - *** 2867	3	10,000				RELIGION
(7)	DAWSON CHRISTIAN ACADEMY 77 HUGH STOWERS RD. DAWSONVILLE GA 30534	** - *** 5489	3	6,000				EDUCATION
(8)	EAGLE RANCH, INC. P.O. BOX 7200 CHESTNUT MOUNTAIN GA 30502	** - *** 7408	3	188,309				SOCIAL SERVICES
(9)	ELACHEE NATURE SCIENCE CENTER, INC. 2125 ELACHEE DRIVE GAINESVILLE GA 30504	** - *** 3768	3	79,605				EDUCATION

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(1)	ENOTAH CASA P.O. BOX 2198 DAHLONEGA GA 30533	** - *** 7159	3	10,000				SOCIAL SERVICES
(2)	FAMILY PROMISE OF HALL COUNTY P.O. BOX 1251 GAINESVILLE GA 30503	** - *** 4034	3	25,000				SOCIAL SERVICES
(3)	FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 7476 ATHENS GA 30604		3	15,000				SOCIAL SERVICES
(4)	FIDELITY CHARITABLE GIFT FUND P.O. BOX 55158 BOSTON MA 02205-5158	** - *** 3001	3	212,194				SOCIAL SERVICES
(5)	FIRST PRESBYTERIAN CHURCH OF GAINESVILLE 800 S. ENOTA DRIVE, NE GAINESVILLE GA 30501-2431	** - *** 1388	3	30,000				RELIGION
(6)	FORSYTH COUNTY PUBLIC LIBRARY 585 DAHLONEGA ROAD CUMMING GA 30040	** - *** 8307	GOV	10,000				ARTS/CULTURE
(7)	FORSYTH COUNTY SCHOOLS 1120 DAHLONEGA HIGHWAY CUMMING GA 30040	** - *** 0243	GOV	33,000				EDUCATION
(8)	GABRIEL CENTER FOR SERVANT LEADERSHIP 123 CHURCH STREET, SUITE 150 MARIETTA GA 30060	** - *** 3049	3	42,130				RELIGION
(9)	GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE ROAD GAINESVILLE GA 30506	** - *** 1234	3	72,000				RELIGION

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(1)	GAINESVILLE HIGH SCHOOL 830 CENTURY PLACE GAINESVILLE GA 30501	** - *** 0152	3	8,000				EDUCATION
(2)	GAINESVILLE HIGH SCHOOL BAND BOOSTER 830 CENTURY PLACE GAINESVILLE GA 30501-3002	** - *** 0152	3	89,500				ARTS/CULTURE
(3)	GAINESVILLE MIDDLE SCHOOL BAND BOOSTER 1581 COMMUNITY WAY GAINESVILLE GA 30501	** - *** 0152	3	15,000				ARTS/CULTURE
(4)	GAINESVILLE PARKS & RECREATION 830 GREEN STREET, NE GAINESVILLE GA 30501	** - *** 0581	3	22,437				ARTS/CULTURE
(5)	GAINESVILLE-HALL COUNTY ALLIANCE FOR 719 WOODSMILL ROAD GAINESVILLE GA 30501	** - *** 3920	3	41,300				EDUCATION
(6)	GAINESVILLE-HALL COUNTY COMMUNITY CENTER 430 PRIOR STREET GAINESVILLE GA 30501	** - *** 1227	3	10,000				SOCIAL SERVICES
(7)	GEORGIA MOUNTAIN FOOD BANK P.O. BOX 233 GAINESVILLE GA 30503	** - *** 7610	3	20,000				SOCIAL SERVICES
(8)	GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA GA 30332	** - *** 2514	3	305,000				SOCIAL SERVICES
(9)	GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30308	** - *** 3294	3	46,000				SOCIAL SERVICES

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(1)	GIDEONS INTERNATIONAL P.O. BOX 2914 GAINESVILLE GA 30503	** - *** 0051	3	9,809				RELIGION
(2)	GOOD NEWS AT NOON, INC. P.O. BOX 1577 GAINESVILLE GA 30503	** - *** 5047	3	15,000				SOCIAL SERVICES
(3)	GOOD NEWS CLINICS, INC. 810 PINE STREET GAINESVILLE GA 30501	** - *** 8853	3	267,475				SOCIAL SERVICES
(4)	GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	** - *** 4654	3	36,750				RELIGION
(5)	HABERSHAM COUNTY BOARD OF EDUCATION P.O. BOX 70 CLARKESVILLE GA 30523	** - *** 0255	3	7,650				EDUCATION
(6)	HABITAT FOR HUMANITY OF HALL COUNTY PO BOX 2514 GAINESVILLE GA 30503	** - *** 9321	3	20,000				SOCIAL SERVICES
(7)	HALL DAWSON CASA PROGRAM, INC. P.O. BOX 907471 GAINESVILLE GA 30501	** - *** 4915	3	10,000				SOCIAL SERVICES
(8)	HART PARTNERS COMMUNITIES IN SCHOOL PO BOX 91 HARTWELL GA 30643	** - *** 4811	3	5,050				EDUCATION
(9)	HUMANE SOCIETY OF NORTHEAST GEORGIA 845 WEST RIDGE ROAD GAINESVILLE GA 30501	** - *** 8817	3	10,000				SOCIAL SERVICES

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(1)	JACK P. NIX PRIMARY SCHOOL 342 WEST KYTLE STREET CLEVELAND GA 30528	** - *** 0346	3	35,000				EDUCATION
(2)	JASPER MIDDLE SCHOOL 339 WEST CHURCH STREET JASPER GA 30143	** - *** 0301	GOV	6,505				EDUCATION
(3)	JEFFERSON HIGH SCHOOL 575 WASHINGTON STREET JEFFERSON GA 30549	** - *** 3088	GOV	8,000				EDUCATION
(4)	JOHNS CREEK BAPTIST CHURCH 6910 MCGINNIS FERRY RD. ALPHARETTA GA 30005	** - *** 8628	3	20,000				RELIGION
(5)	JUNIOR ACHIEVEMENT OF NORTHEAST GEO PO BOX 378 GAINESVILLE GA 30503	** - *** 8050	3	2,500,000				EDUCATION
(6)	KEATON FRANKLIN COKER FOUNDATION 1242 INDUSTRIAL BOULEVARD GAINESVILLE GA 30501	** - *** 3349	3	11,800				SOCIAL SERVICES
(7)	KENNESAW UNITED METHODIST CHURCH 1801 BEN KING RD. KENNESAW GA 30144	** - *** 5001	3	11,000				RELIGION
(8)	LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30501	** - *** 7096	3	90,000				EDUCATION
(9)	LAKEWOOD BAPTIST CHURCH 2235 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	** - *** 3190	3	150,000				RELIGION

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(1)	LANIER TECHNICAL COLLEGE FOUNDATION LANIER TECHNICAL COLLEGE 2990 LANDRU OAKWOOD GA 30566	** - *** 8866	3	25,000				SOCIAL SERVICES
(2)	LEADING THE WAY 1570 NORTHSIDE DRIVE, NW ATLANTA GA 30318	** - *** 6773	3	10,000				SOCIAL SERVICES
(3)	LUMPKIN COUNTY HIGH SCHOOL 2001 INDIAN DRIVE DAHLONEGA GA 30533	** - *** 0281	GOV	242,300				EDUCATION
(4)	MILL SPRINGS ACADEMY 13660 NEW PROVIDENCE ROAD ALPHARETTA GA 30004	** - *** 2397	3	10,000				EDUCATION
(5)	MOUNTAIN EDUCATION CENTER, INC. 123 MOUNTAIN VIEW DRIVE DAHLONEGA GA 30533	** - *** 2891	3	673,900				EDUCATION
(6)	MT. BETHEL CHRISTIAN ACADEMY 4385 LOWER ROSWELL DRIVE MARIETTA GA 30068	** - *** 9116	3	10,000				RELIGION
(7)	NORTH GEORGIA HEART FOUNDATION PO BOX 2917 GAINESVILLE GA 30503	** - *** 5314	3	101,881				HEALTH
(8)	NORTH GWINNETT COOPERATIVE P.O. BOX 672 BUFORD GA 30518	** - *** 6942	3	7,000				SOCIAL SERVICES
(9)	NORTH HALL HIGH SCHOOL 4885 MT. VERNON ROAD GAINESVILLE GA 30506	** - *** 0256	3	10,000				EDUCATION

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(1)	NORTH POINT MINISTRIES INC. 4350 NORTH POINT PKWY. ALPHARETTA GA 30022	** - *** 3569	3	8,230				RELIGION
(2)	NORTHEAST GEORGIA HISTORY CENTER P.O. BOX 1451 GAINESVILLE GA 30503-1451	** - *** 3900	3	10,000				ARTS/CULTURE
(3)	PARKINSONS DISEASE FOUNDATION INC 1359 BROAD WAY #1509 NEW YORK NY 10018	** - *** 6796	3	15,000				HEALTH
(4)	PARKWAY PRESBYTERIAN CHURCH 5380 BETHELVIEW ROAD CUMMING GA 30040	** - *** 9019	3	13,000				RELIGION
(5)	QUINLAN ARTS, INC. 514 GREEN STREET NE GAINESVILLE GA 30501	** - *** 0517	3	9,000				ARTS/CULTURE
(6)	RABUN COUNTY 25 COURTHOUSE SQUARE#201 CLAYTON GA 30525		GOV	199,513				EDUCATION
(7)	RABUN GAP - NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP GA 30568	** - *** 3430	3	6,350				EDUCATION
(8)	RAPE RESPONSE, INC. P.O. BOX 2883 GAINESVILLE GA 30503	** - *** 8134	3	41,300				SOCIAL SERVICES
(9)	RBC MINISTRIES P.O. BOX 2222 GRAND RAPIDS MI 49501	** - *** 3981	3	9,809				RELIGION

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INC.**

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**\*\* - \*\*\* 0318**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	REACH GEORGIA FOUNDATION 2082 EAST EXCHANGE PLACE TUCKER GA 30084	** - *** 7250	3	8,998				SOCIAL SERVICES
(2)	RESTORATION ATL MISSION, INC. 1300 JOSEPH BOONE BOULEVARD ATLANTA GA 30314	** - *** 2756	3	10,000				SOCIAL SERVICES
(3)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	** - *** 7002	3	9,809				SOCIAL SERVICES
(4)	SAUTEE NACOOCHEE COMMUNITY ASSOCIATION PO BOX 460 SAUTEE NACOOCHEE GA 30571-0460	** - *** 5784	3	187,359				SOCIAL SERVICES
(5)	SEWANEE: UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE TN 37383	** - *** 5697	3	20,000				EDUCATION
(6)	SISU P.O. BOX 5758 GAINESVILLE GA 30504	** - *** 2732	3	122,894				SOCIAL SERVICES
(7)	STRINGS OF MERCY P.O. BOX 2158 CUMMING GA 30040	** - *** 1708	3	7,500				SOCIAL SERVICES
(8)	THE MEDICAL CENTER FOUNDATION, INC. 2150 LIMESTONE PARKWAY, SUITE 115 GAINESVILLE GA 30501	** - *** 4820	3	177,240				SOCIAL SERVICES
(9)	THE SALVATION ARMY 681 DORSEY STREET GAINESVILLE GA 30501	** - *** 0607	3	10,000				SOCIAL SERVICES

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

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990.

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

Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

Employer identification number  
**\*\* - \*\*\* 0318**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE TORCH WORSHIP CENTER 800 CANNON BRIDGE ROAD DEMOREST GA 30535	** - *** 2932	3	10,000				RELIGION
(2)	UNITED WAY OF HALL COUNTY P.O. BOX 2656 GAINESVILLE GA 30503	** - *** 1393	3	83,000				SOCIAL SERVICES
(3)	UNIVERSITY OF NORTH GEORGIA FOUNDATION PO BOX 1599 DAHLONEGA GA 30533	** - *** 6297	3	140,500				SOCIAL SERVICES
(4)	UNIVERSITY SYSTEM OF GEORGIA FOUNDATION 2082 EAST EXCHANGE PLACE TUCKER GA 30084	** - *** 3106	3	40,000				SOCIAL SERVICES
(5)	WHISPERING ANGELS YOUTH RANCH 4559 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	** - *** 6367	3	10,000				SOCIAL SERVICES
(6)	WHITE COUNTY SCHOOL SYSTEM 136 WARRIORS PATH CLEVELAND GA 30528	** - *** 0346	3	70,000				EDUCATION
(7)	WINSHIP CANCER CENTER OF EMORY UNIVERSITY 1365 C CLIFTON ROAD ATLANTA GA 30322	** - *** 0692	3	9,809				HEALTH
(8)	YOUNG LIFE OF GAINESVILLE/HALL COUNTY P.O. BOX 1660 GAINESVILLE GA 30503		3	6,000				SOCIAL SERVICES
(9)	ZOE LIFE CHURCH P.O. BOX 5245 GAINESVILLE GA 30504	** - *** 2662	3	18,146				RELIGION

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

**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 SCHOLARSHIPS	167	219,767			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET



## Supplemental Information

**SCHEDULE I**  
**(Form 990)**

**2017**

For calendar year 2017, or tax year beginning , and ending

Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

Employer identification number

**\*\* - \*\*\*0318**

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

**GRANTMAKING DUE DILIGENCE PROCEDURE**

THE NORTH GEORGIA COMMUNITY FOUNDATION (NGCF) MAKES GRANTS FROM FUNDS IT ADMINISTERS TO CHARITABLE, EDUCATIONAL, RELIGIOUS, OR PUBLIC ENTITIES TO ADDRESS NGCF'S PHILANTHROPIC OBJECTIVES.

AS A BROAD GUIDELINE, CHARITABLE ACTIVITIES GENERALLY ARE THOSE THAT BENEFIT WHOLE CLASSES OR GROUPS OF INDIVIDUALS OR COMMUNITIES, INVOLVE NO PERSONAL OR PRIVATE FINANCIAL BENEFIT, AND DO NOT INVOLVE LOBBYING OR ELECTIONEERING.

TO QUALIFY FOR A GRANT DISTRIBUTION FROM NGCF, AN APPLICANT, DESIGNEE OR NOMINEE MUST BE ABLE TO SATISFY NGCF'S DUE DILIGENCE REQUIREMENTS BEFORE A GRANT IS MADE.

"DUE DILIGENCE" MEANS THAT, PRIOR TO MAKING A GRANT, NGCF HAS CONDUCTED AN INDEPENDENT INVESTIGATION OF THE PROSPECTIVE GRANTEE AND, USING DUE DILIGENCE, HAS BEEN ABLE TO ESTABLISH THAT THE PROSPECTIVE GRANTEE QUALIFIES TO RECEIVE THE GRANT, HAS THE CAPACITY TO FULFILL THE TERMS OF THE GRANT, AND IS WILLING TO FURNISH NGCF WITH ANY REQUIRED EVALUATIVE REPORTS.

"APPLICANT" MEANS ANY PROSPECTIVE GRANTEE THAT APPLIES GENERALLY TO NGCF OR SPECIFICALLY TO ONE OF NGCF'S COMPONENT FUNDS FOR SUPPORT THAT WILL BE AWARDED ON A COMPETITIVE BASIS.

"DESIGNEE" MEANS ANY PROSPECTIVE GRANTEE THAT IS PRE-DESIGNATED BY THE TERMS OF AN NGCF COMPONENT FUND TO RECEIVE SUPPORT FROM THAT FUND.

"NOMINEE" MEANS ANY PROSPECTIVE GRANTEE THAT IS RECOMMENDED BY: A DONOR-ADVISOR FOR SUPPORT FROM A SPECIFIC DONOR-ADVISED FUND; A SELECTION

## Supplemental Information

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Employer identification number

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COMMITTEE FOR SUPPORT FROM A SPECIFIC SCHOLARSHIP, AWARD, OR OTHER  
FIELD-OF-INTEREST FUND; OR, THE BOARD OF DIRECTORS OF NGCF FOR SUPPORT FROM  
ANY DISCRETIONARY FUNDS THEN AVAILABLE TO THEM.

**DUE DILIGENCE INVESTIGATION**

A PROSPECTIVE GRANTEE WILL BE EXPECTED TO PROVIDE INFORMATION TO SERVE AS A  
BASIS FOR NGCF STAFF DUE DILIGENCE REVIEW PRIOR TO A GRANT FROM ANY FUND OF  
NGCF. INFORMATION REQUIRED WILL VARY DEPENDING ON THE SIZE OF THE GRANT  
PROPOSED AND THE NATURE OF THE GRANT (E.G., COMPETITIVE OR NONCOMPETITIVE;  
GENERAL PURPOSE OR SPECIFIC PROJECT). IN ALL CASES, IT WILL BE LEFT TO THE  
DISCRETION OF STAFF (PROGRAM/DONOR SERVICES STAFF) TO DETERMINE WHETHER  
ADDITIONAL INFORMATION MAY BE NEEDED FROM ORGANIZATIONS IN ORDER TO  
COMPLETE A FUNDING ANALYSIS.

**EVIDENCE OF QUALIFICATION**

\*FOR A NONPROFIT, 509(A)(1) CHARITABLE ORGANIZATION, THIS REQUIREMENT MAY  
BE SATISFIED BY PROVIDING A COPY OF THE ORGANIZATION'S OR ITS FISCAL  
SPONSOR'S CURRENT CERTIFICATION AS A NONPROFIT ORGANIZATION PURSUANT TO  
SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE (ADVANCE RULINGS ARE  
ACCEPTABLE). THIS REQUIREMENT MAY ALSO BE SATISFIED BY USING THE GUIDESTAR  
CHARITY CHECK SERVICE. IF THE NOMINEE ORGANIZATION IS CLASSIFIED BY THE  
IRS AS A 509(A)(3) SUPPORTING ORGANIZATION, NGCF'S "DUE DILIGENCE PROCESS  
FOR GRANTS FROM DONOR ADVISED FUNDS TO 509(A)(3) SUPPORTING ORGANIZATIONS"  
MUST BE USED.

\*FOR AN EDUCATIONAL, RELIGIOUS, OR PUBLIC ENTITY, THE QUALIFICATION  
REQUIREMENT MAY BE SATISFIED BY PROVIDING SIMILAR EVIDENCE OF THE ENTITY'S  
OFFICIAL STATUS IN THAT CATEGORY.

<b>SCHEDULE I</b> <b>(Form 990)</b>	<b>Supplemental Information</b>		<b>2017</b>
	For calendar year 2017, or tax year beginning _____, and ending _____		
Name of the organization	<b>NORTH GEORGIA COMMUNITY FOUNDATION,          INC.</b>		Employer identification number  <b>**-***0318</b>

\*NGCF WILL CONSIDER EXCEPTIONS TO THE ABOVE ON A CASE-BY-CASE BASIS, TAKING INTO ACCOUNT THE ADDITIONAL DOCUMENTATION THAT IS REQUIRED.

\*GRANTS WILL NOT BE MADE TO SPECIFIC INDIVIDUALS AND GENERALLY NOT TO FOREIGN CHARITIES.

**ANALYSIS**

\*ONCE THE PERTINENT MATERIALS HAVE BEEN RECEIVED, THEN NGCF WILL REVIEW THESE MATERIALS AND DETERMINE WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION.

\*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION, THEN THE GRANT MAY MOVE FORWARD IN THE GRANT AWARD PROCESS.

\*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT MORE INFORMATION IS NEEDED BEYOND THE SCOPE OF DUE DILIGENCE INFORMATION PRESCRIBED IN THIS POLICY, THEN NGCF SHALL REQUEST THAT SPECIFIC INFORMATION AND, UPON RECEIVING IT, SHALL REASSESS WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION.

\*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE DOES NOT QUALIFY FOR A GRANT DISTRIBUTION, THEN NGCF SHALL INFORM THE PROSPECTIVE GRANTEE, AND IF APPLICABLE, THE DONOR ADVISOR TO THE FUND MAKING THE GRANT, OF THIS DECISION AND THE APPLICATION, DESIGNATION, OR NOMINATION SHALL BE CONSIDERED REJECTED.

PRIOR DATA: FOR NONPROFIT, CHARITABLE, EDUCATIONAL, RELIGIOUS, OR PUBLIC ORGANIZATIONS INFORMATION PROVIDED WITHIN THREE YEARS OF CURRENT CONSIDERATION MAY BE CONSIDERED SUFFICIENT BY NGCF STAFF. IF INFORMATION ON FILE INDICATES AN ADVANCED RULING FOR SECTION 501(C)(3) STATUS, THEN

## Supplemental Information

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NGCF NEEDS TO DETERMINE WHETHER OR NOT A PERMANENT RULING HAS BEEN ISSUED.

EVIDENCE OF PROGRAM CAPACITY (FOR COMPETITIVE GRANTS ONLY):

\*SUBMISSION OF A WRITTEN PROPOSAL THAT RESPONDS TO THE GUIDELINES FOR  
SUBMITTING A COMPETITIVE GRANT REQUEST FOR THE PARTICULAR FUNDING SOURCE,

\*SUBMISSION OF FINANCIAL INFORMATION,

\*A LIST OF BOARD MEMBERS THAT INCLUDES CONTACT INFORMATION AND INDICATES  
OFFICERS AND PROFESSIONAL AFFILIATIONS.

EVIDENCE OF COMMITMENT TO GRANT TERMS

\*AT THE DISCRETION OF NGCF PROGRAM STAFF, THIS EVIDENCE MAY TAKE THE FORM  
OF AN EXECUTED NGCF GRANT AGREEMENT OR A COUNTERSIGNED GRANT AWARD LETTER  
FROM NGCF THAT SPECIFIES THE TERMS OF THE GRANT.

DUE DILIGENCE PROCESS FOR GRANTS

FROM DONOR ADVISED FUNDS TO 509(A)(3) SUPPORTING ORGANIZATIONS  
(EFFECTIVE JULY 1, 2007)

THE FOUNDATION WILL DOCUMENT ITS RESEARCH ON WHETHER OR NOT A CHARITY IS A  
SUPPORTING ORGANIZATION, BY OBTAINING A REPORT THROUGH THE GUIDESTAR  
CHARITY CHECK SERVICE THAT INCLUDES:

\*THE GRANTEE'S NAME, EMPLOYER IDENTIFICATION NUMBER, AND PUBLIC CHARITY  
CLASSIFICATION UNDER SECTION 509(A)(1), (2) OR (3);

\*A STATEMENT THAT THE INFORMATION IS FROM THE MOST-CURRENTLY AVAILABLE IRS  
MONTHLY UPDATE TO THE BUSINESS MASTER FILE, ALONG WITH THE IRS BUSINESS  
MASTER FILE REVISION DATE; AND

\*THE DATE AND TIME OF THE FOUNDATION'S SEARCH.

THIS REPORT WILL BE RETAINED IN ELECTRONIC OR HARD-COPY FORM.

THE NORTH GEORGIA COMMUNITY FOUNDATION DOES NOT MAKE GRANTS TO SUPPORTING

## Supplemental Information

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**\*\* - \*\*\*0318**

ORGANIZATIONS THAT ARE DETERMINED TO BE A TYPE III NON-FUNCTIONALLY INTEGRATED 509(A)(3) SUPPORTING ORGANIZATION. IN ADDITION, IT DOES NOT MAKE GRANTS TO ANY TYPE OF 509(A)(3) SUPPORTING ORGANIZATION DETERMINED TO BE CONTROLLED BY ONE OR MORE DONOR ADVISORS (AND ANY RELATED PARTIES) TO A DONOR ADVISED FUND. THE FOLLOWING DEFINITIONS DESCRIBE THE RELEVANT TERMINOLOGY:

A. TYPE I: BY FAR THE MOST COMMON, IS OFTEN DESCRIBED AS A PARENT-SUBSIDIARY RELATIONSHIP AND GENERALLY INVOLVES THE CHARITY APPOINTING A MAJORITY OF THE BOARD OF THE SUPPORTING ORGANIZATION.

B. TYPE II: THE LEAST COMMON OF THE THREE, THERE IS USUALLY AN OVERLAPPING BOARD RELATIONSHIP WHERE AT LEAST A MAJORITY OF THE MEMBERS OF THE SUPPORTING ORGANIZATION BOARD ARE ALSO MEMBERS OF THE SUPPORTED CHARITY'S BOARD.

C. TYPE III: THESE OPERATE WITH A GREATER DEGREE OF INDEPENDENCE FROM THE ORGANIZATION THEY SUPPORT. TYPICALLY THE SUPPORTED ORGANIZATION APPOINTS ONE MEMBER OF THE GOVERNING BOARD OF THE SUPPORTING ORGANIZATION AND INSTITUTES OTHER PROCEDURES DESIGNED TO ENSURE THAT THE SUPPORTING ORGANIZATION IS RESPONSIVE TO IT. TYPE III SUPPORTING ORGANIZATIONS MAY PROVIDE FINANCIAL SUPPORT TO THEIR SUPPORTED ORGANIZATION OR THEY MAY DIRECTLY CARRY OUT A PROGRAM OR FUNCTION FOR IT.

D. FUNCTIONALLY INTEGRATED: THE SUPPORTING ORGANIZATION IS AN "INTEGRAL PART" OF THE ORGANIZATION(S) IT SUPPORTS. THE SUPPORTING ORGANIZATION PERFORMS THE FUNCTIONS OF OR CARRIES OUT THE PURPOSES OF THE SUPPORTED ORGANIZATION AND, BUT FOR THE SUPPORTING ORGANIZATION, THE SUPPORTED ORGANIZATION WOULD NORMALLY ENGAGE IN THOSE ACTIVITIES DIRECTLY.

## Supplemental Information

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**(Form 990)**

**2017**

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**\*\* - \*\*\*0318**

E. CONTROL BY ONE OR MORE DISQUALIFIED PERSONS: A SUPPORTING OR SUPPORTED ORGANIZATION IS CONTROLLED BY ONE OR MORE DISQUALIFIED PERSONS [COMMUNITY FOUNDATION DONOR ADVISOR(S)] IF ANY SUCH PERSONS BY AGGREGATING THEIR VOTES OR POSITIONS OF AUTHORITY, COULD REQUIRE THE SUPPORTING OR SUPPORTED ORGANIZATION TO MAKE AN EXPENDITURE, OR PREVENT THE SUPPORTING OR SUPPORTED ORGANIZATION FROM MAKING AN EXPENDITURE, REGARDLESS OF THE METHOD BY WHICH THE CONTROL IS EXERCISED OR EXERCISABLE.

WHEN A DONOR RECOMMENDS A GRANT TO A 509(A)(3) SUPPORTING ORGANIZATION, THE FOLLOWING STEPS MUST BE TAKEN BEFORE THE GRANT IS APPROVED AND PAID:

I. DETERMINATION OF TYPE OF SUPPORTING ORGANIZATION

1. PROGRAM/DONOR SERVICES STAFF WILL OBTAIN THE FOLLOWING DOCUMENTATION FROM THE ORGANIZATION FOR WHICH A GRANT IS RECOMMENDED:

A. A REASONED WRITTEN OPINION OF THEIR LEGAL COUNSEL CONCLUDING THAT THE ORGANIZATION IS A TYPE I, TYPE II, OR FUNCTIONALLY INTEGRATED TYPE III SUPPORTING ORGANIZATION. THE LETTER SHOULD STIPULATE THAT COUNSEL HAS REVIEWED THE ORGANIZATION'S GOVERNING INSTRUMENTS AND SHOULD STATE THE REASONS FOR THEIR CONCLUSIONS INCLUDING REFERENCE TO APPROPRIATE SECTIONS OF THE PENSION PROTECTION ACT OF 2006.

2. THE PROGRAM/DONOR SERVICES STAFF WILL REVIEW THE OPINION LETTER FOR APPROVAL, AND WILL DOCUMENT IN WRITING ON THE OPINION LETTER TODAY'S DATE, INITIALS, AND THE APPROVED TYPE STATUS AND WILL PROCEED TO STEP II (A).

3. THE OPINION LETTER WILL BE SCANNED AND STORED IN THE "CHARITABLE STATUS" DOCUMENTATION FILE LOCATED UNDER THE GRANTMAKING FOLDER IN NGCF'S ELECTRONIC DOCUMENTS LIBRARY - THE DATE OF EXPIRATION WILL BE PART OF ITS TITLE.

## Supplemental Information

**SCHEDULE I**  
**(Form 990)**

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4. ONCE SUCH AN OPINION LETTER IS RECEIVED AND APPROVED, IT WILL BE CONSIDERED VALID FOR A PERIOD OF THREE YEARS. AFTER THAT, BEFORE RECEIVING AN ADDITIONAL GRANT, THE ORGANIZATION WILL BE ASKED TO RESUBMIT A COPY OF THE LETTER AND TO STIPULATE THAT THERE HAVE BEEN NO CHANGES TO THEIR LEGAL STRUCTURE THAT WOULD AFFECT THE LEGAL OPINION.

**II. DETERMINATION OF CONTROL BY DISQUALIFIED PERSON(S)**

1. FOR EACH NEW GRANT RECOMMENDATION THE PROGRAM/DONOR SERVICES STAFF MUST ALSO OBTAIN A LIST OF THE MEMBERS OF THE BOARD OF DIRECTORS OF BOTH THE SUPPORTING ORGANIZATION AND A LIST OF THE ORGANIZATION(S) IT SUPPORTS AND OF THE MEMBERS OF THEIR BOARD(S) OF DIRECTORS.

A. BOARD LISTS RECEIVED FROM THE ORGANIZATION WITHIN THE PAST YEAR MAY BE USED TO MEET THIS REQUIREMENT FOR ANY ADDITIONAL GRANTS RECOMMENDED TO THE ORGANIZATION.

2. ONCE ORGANIZATION TYPE STATUS HAS BEEN APPROVED, STAFF WILL:

A. SEND A COPY OF ALL BOARD LISTS TO THE DONOR WHO RECOMMENDED THE GRANT ALONG WITH A FORM TO SIGN STATING WHETHER OR NOT A DISQUALIFIED PERSON(S) CONTROLS ANY OF THE ORGANIZATION. (THIS STEP IS WAIVED IF THE DONOR HAS SIGNED A FORM RELATED TO THE ORGANIZATION WITHIN THE PAST YEAR.)

3. THE ORIGINAL BOARD LIST(S) WILL BE SCANNED AND STORED IN THE "CHARITABLE STATUS" DOCUMENTATION FILE LOCATED UNDER THE GRANTMAKING FOLDER IN NGCF'S ELECTRONIC DOCUMENTS LIBRARY - THE DATE OF EXPIRATION WILL BE PART OF ITS TITLE.

4. ONCE THE DONOR RETURNS THE SIGNED FORM INDICATING THERE IS NO CONTROL, THE PROGRAM/DONOR SERVICES STAFF WILL FORWARD THE GRANT RECOMMENDATION TO THE FINANCIAL ADMINISTRATOR FOR PAYMENT PROCESSING.

**Supplemental Information**

**SCHEDULE I  
(Form 990)**

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**AFFIRMATIVE DETERMINATIONS MUST BE MADE AS TO BOTH THERE BEING AN ELIGIBLE  
ORGANIZATION TYPE AND THERE IS NO CONTROL BY A DISQUALIFIED PERSON BEFORE A  
GRANT RECOMMENDATION WILL BE RECOMMENDED FOR APPROVAL AND PAID.**



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
U Attach to Form 990.  
U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

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Employer identification number

**\*\* - \*\*\*0318**

**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	<b>X</b>	<b>2</b>	<b>1,162,344</b>	
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 U( )				
26 Other U( )				
27 Other U( )				
28 Other U( )				

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

**29**

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?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31	<b>X</b>	
32a	<b>X</b>	
33		

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

**PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS**

**NGCF USES BROKERS TO PROCESS GIFTS OF STOCK AND MUTUAL FUNDS. NGCF HAS  
RELATIONSHIPS WITH WELLS FARGO, MERRILL LYNCH, EDWARD JONES, REGIONS/MORGAN  
KEEGAN AND SMITH BARNEY**

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

Employer identification number

**\*\* - \*\*\*0318**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
AFTER IT IS COMPLETED, THE 990 IS SENT TO EACH MEMBER OF THE BOARD OF  
DIRECTORS. NGCF'S AUDIT COMMITTEE MEETS WITH THE AUDITORS AND REVIEWS THE  
RETURN. IT IS THEN PRESENTED TO THE FULL BOARD AT THE NEXT BOARD OF  
DIRECTOR'S MEETING FOR APPROVAL FOR FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE AND SIGN A  
CONFLICT OF INTEREST FORM LISTING ALL OF THE ORGANIZATIONS IN WHICH THEY  
ARE AFFILIATED. AFFILIATIONS ARE DISCUSSED AND DISCLOSED BEFORE ANY VOTES  
ARE TAKEN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL SALARIES AND  
USES THE COUNCIL OF FOUNDATIONS ANNUAL SALARY REVIEW AS A GUIDELINE. ALL  
EMPLOYEES ARE EVALUATED ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
AN EMPLOYEE'S COMPENSATION IS DETERMINED ON THE BASIS OF HIS/HER  
PERFORMANCE, THE JOB EVALUATION AND CLASSIFICATION, COMPARATIVE SALARY  
SCALES, COST OF LIVING, DOLLARS AVAILABLE TO THE ORGANIZATION AND OTHER  
BUSINESS FACTORS.

IT IS THE FOUNDATION'S GOAL TO CONDUCT PERFORMANCE APPRAISALS, AT LEAST  
ANNUALLY, INCLUDING A DISCUSSION BETWEEN SUPERVISOR AND EMPLOYEE. THIS MAY  
INCLUDE A WRITTEN APPRAISAL, WHICH WILL FOCUS ON THE EMPLOYEE'S JOB

Name of the organization

Employer identification number

**NORTH GEORGIA COMMUNITY FOUNDATION,**

**\*\* - \*\*\*0318**

**RESPONSIBILITIES, AREAS OF STRENGTH, FURTHER IMPROVEMENT OR DEVELOPMENT.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**FAS 136 UNREALIZED \$ 927,580**

## **Filing Instructions**

### **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

#### **Exempt Organization Business Tax Return**

**Taxable Year Ended December 31, 2017**

**Date Due:** November 15, 2018

**Remittance:** None is required. Your Form 990-T for the tax year ended 12/31/17 shows a total overpayment of \$12,189, all of which is to be credited to your estimated tax liability for the coming year.

**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 Rulon White Blvd.  
Ogden, UT 84201-1000

**Signature:** The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

### Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

# 2017

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>615 F OAK STREET NW</b>  City or town, state or province, country, and ZIP or foreign postal code <b>GAINESVILLE GA 30501</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>** - *** 0318</b>  <b>E</b> Unrelated business activity codes (See instructions.)  <b>561000</b>
<b>C</b> Book value of all assets at end of year  <b>60,952,112</b>	<b>F</b> Group exemption number (See instructions.) <input type="checkbox"/> <b>G</b> Check organization type <input type="checkbox"/> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity.  
 **ADMINISTRATIVE ASSISTANCE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of  **LISA WARWICK** Telephone number  **770-535-7880**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <span style="float: right;">230,847</span>			
<b>b</b>	Less returns and allowances			
	<b>c Balance</b> <input type="checkbox"/>	<b>230,847</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>230,847</b>		<b>230,847</b>
<b>4a</b>	Capital gain net income (attach Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions; attach schedule)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>230,847</b>		<b>230,847</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>18,472</b>
<b>15</b>	Salaries and wages		<b>26,800</b>
<b>16</b>	Repairs and maintenance		
<b>17</b>	Bad debts		
<b>18</b>	Interest (attach schedule)		
<b>19</b>	Taxes and licenses		<b>3,622</b>
<b>20</b>	Charitable contributions (See instructions for limitation rules)		
<b>21</b>	Depreciation (attach Form 4562)	<b>751</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>751</b>
<b>23</b>	Depletion		
<b>24</b>	Contributions to deferred compensation plans		
<b>25</b>	Employee benefit programs		<b>917</b>
<b>26</b>	Excess exempt expenses (Schedule I)		
<b>27</b>	Excess readership costs (Schedule J)		
<b>28</b>	Other deductions (attach schedule) <span style="float: right;"><b>SEE STATEMENT 1</b></span>		<b>15,937</b>
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>66,499</b>
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>164,348</b>
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)		
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>164,348</b>
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>1,000</b>
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>163,348</b>

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Foreign tax credit (41a-41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Enter the amount of line 49 you want (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

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

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 4 columns: Field name, Value, Field name, Value. Fields include Preparer's name (J. CHRIS HOLLIFIELD), Preparer's signature (J. CHRIS HOLLIFIELD), Firm's name (RUSHTON & COMPANY, LLC), Firm's EIN (\*\*-\*\*\*2374), Firm's address (GAINESVILLE, GA 30503), and Phone no. (770-287-7800).

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation **u**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
<b>Total</b>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <b>u</b>

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>



Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Row (1) contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4) are empty.

Totals row for Schedule F with instructions: 'Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).'

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col.4). Row (1) contains 'N/A'.

Totals row for Schedule G with instructions: 'Enter here and on page 1, Part I, line 9, column (A).'

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Row (1) contains 'N/A'.

Totals row for Schedule I with instructions: 'Enter here and on page 1, Part I, line 10, col. (A).'

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Row (1) contains 'N/A'.

Totals row for Schedule J with instruction: 'Totals (carry to Part II, line (5)) ...'

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ..... <b>U</b>						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> ..... <b>U</b>						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>MICHELLE PRATER</b>	<b>EXECUTIVE DIRECTOR</b>	<b>15.00</b> %	<b>18,472</b>
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14		<b>U</b>	<b>18,472</b>

Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

Ⓛ Attach to the corporation's tax return.

**2017**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

Employer identification number  
**\*\*-\*\*\*0318**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions)	1	<b>46,956</b>
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	<b>Total.</b> Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty	3	<b>46,956</b>
4	Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.</b>	4	<b>46,453</b>
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	<b>46,453</b>

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/17	06/15/17	09/15/17	12/15/17
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	11,613	11,613	11,613	11,614
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. <i>Complete lines 12 through 18 of one column before going to the next column.</i>	11		23,228	11,614	
12 Enter amount, if any, from line 18 of the preceding column	12			2	3
13 Add lines 11 and 12	13		23,228	11,616	3
14 Add amounts on lines 16 and 17 of the preceding column	14		11,613		
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0	11,615	11,616	3
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	11,613	0	0	11,611
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		2	3	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	<b>19</b>	<b>SEE WORKSHEET</b>		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 4\% (0.04)$	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 4\% (0.04)$	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			<b>38</b>	\$ <b>36</b>

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Form 2220 Worksheet**

Form **2220**

**2017**

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

**NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

Employer Identification Number

**\*\* - \*\*\*0318**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/17</u>	<u>06/15/17</u>	<u>09/15/17</u>	<u>12/15/17</u>
Amount of underpayment	<u>11,613</u>			<u>11,611</u>

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>04/27/17</u>	<u>06/08/17</u>	<u>08/14/17</u>	<u>12/18/17</u>	_____
Amount of payment	<u>11,614</u>	<u>11,614</u>	<u>11,614</u>	<u>10,614</u>	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/17	4/27/17	11,613	12	4.00	15
4	12/15/17	12/18/17	11,611	3	4.00	4
4	12/18/17	3/31/18	997	103	4.00	11
4	3/31/18	5/15/18	997	45	5.00	6
<b>TOTAL PENALTY</b>						<b>36</b>
						=====

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

# Depreciation and Amortization

(Including Information on Listed Property)

U Attach to your tax return.  
U Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2017**

Attachment Sequence No. **179**

Name(s) shown on return **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

Identifying number  
**\*\*-\*\*\*0318**

Business or activity to which this form relates

## INDIRECT DEPRECIATION

### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>510,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,030,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>50,215</b>

### Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	<b>100</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

#### Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

#### Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>50,315</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

### Federal Statements

#### Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 250
COMPUTER MAINT	14,418
OTHER FACILITIES COST	1,269
TOTAL	<u>\$ 15,937</u>

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## Federal Asset Report

FYE: 12/31/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605		X	802	10	MQ200DB	1,104	100
			<u>1,605</u>			<u>802</u>			<u>1,104</u>	<u>100</u>
<b>Other Depreciation:</b>										
6	4 DRAWER FILE	11/25/98	589			589	10	MO S/L	589	0
8	FURNITURE	7/01/85	21,395			21,395	10	MO S/L	21,395	0
	Sold/Scrapped: 12/31/17									
9	BOARD ROOM FURNITURE	6/28/99	9,463			9,463	10	MO S/L	9,463	0
10	FIRE KING FILES (2)	6/30/99	1,284			1,284	10	MO S/L	1,284	0
15	LAND - 611 OAK ST	3/26/01	94,292			94,292	0	-- Land	0	0
16	LAND - 615 OAK ST	3/26/01	142,046			142,046	0	-- Land	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/01	486,905			486,905	40	MO S/L	191,719	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877			559,877	40	MO S/L	211,120	13,997
24	GRADING - 615 OAK ST	12/14/01	3,770			3,770	15	MO S/L	3,770	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372			21,372	15	MO S/L	21,372	0
26	PAVING - 615 OAK ST	12/14/01	22,190			22,190	5	MO S/L	22,190	0
	Sold/Scrapped: 12/04/17									
27	DEMOLITION - 615 OAK ST	12/14/01	6,500			6,500	0	-- Memo	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999			103,999	40	MO S/L	40,950	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695			26,695	40	MO S/L	10,066	668
31	POWERHEART RD BIPHASIC DEFIBILI	4/23/02	1,963			1,963	10	MO S/L	1,963	0
34	FIRE KING 4-DRAWER FILE CABINET	11/30/03	674			674	10	MO S/L	674	0
	Sold/Scrapped: 12/31/17									
36	LCD PROJECTOR	11/30/03	2,354			2,354	5	MO S/L	2,354	0
	Sold/Scrapped: 12/31/17									
37	CONFERENCE PHONE	11/30/03	541			541	5	MO S/L	541	0
41	SCHWAB 4-DRAWER FIREPROOF FILE	11/17/04	1,185			1,185	10	MO S/L	1,185	0
42	CARRIER HEAT PUMP FOR 615C	4/11/05	2,900			2,900	40	MO S/L	852	72
44	FRIGIDAIRE HEAT PUMP & AIR HAND	5/05/06	2,900			2,900	40	MO S/L	773	73
45	4 DRAWER LEGAL FIRE KING FILES	2/27/06	1,528			1,528	10	MO S/L	1,528	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352			331,352	0	-- Land	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964			700,964	40	MO S/L	176,701	17,524
56	BLACKBAUD NETCOMMUNITY SOFTV	6/27/08	77,022			77,022	5	MO S/L	77,022	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456			1,456	40	MO S/L	325	36
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325			9,325	15	MO S/L	5,077	622
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800			8,800	15	MO S/L	4,840	587
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850			15,850	40	MO S/L	3,203	396
67	HP COMPAQ WORKSTATION COMPUT	3/31/10	863			863	5	MO S/L	863	0
70	WEBSITE DESIGN	9/07/12	8,000			8,000	5	MO S/L	6,933	1,067
71	HEAT PUMP - INDOOR	2/09/12	2,000			2,000	10	MO S/L	983	200
72	HEAT PUMP - OUTDOOR	2/09/12	2,000			2,000	10	MO S/L	983	200
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0			0	0	HY	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0			0	0	HY	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0			0	0	HY	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0			0	0	HY	0	0
78	NETGEAR PROSAFE 48-PORT GIGABIT	8/26/13	0			0	0	HY	0	0
80	HP Laser Jet P3015 Printer	2/18/14	0			0	0	HY	0	0
81	HP Laser Jet Printer P3015N	12/23/14	0			0	0	HY	0	0
82	TIER 2 BACKUP APPLIANCE - 500GB	9/23/15	0			0	0	HY	0	0
83	WATER HEATER - SUITE C	9/30/15	0			0	0	HY	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/15	0			0	0	HY	0	0
85	DELL OPTIPLEX DESKTOP - CALLIE	6/04/15	0			0	0	HY	0	0
86	HP LAPTOP - MEGAN	11/09/15	0			0	0	HY	0	0
87	75" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0			0	0	HY	0	0
88	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0			0	0	HY	0	0
89	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0			0	0	HY	0	0
90	HP LAPTOP, DOCKING STATION, MON	10/01/15	0			0	0	HY	0	0
91	SPECTRUM WEB SYSTEM ENTERPRIS	4/01/15	0			0	0	HY	0	0
92	HP ELITEBOOK 850 G2 - LISA'S LAPTO	2/09/16	0			0	0	HY	0	0
93	SONICWALL FIREWALL TZ 300 UTM E	3/02/16	0			0	0	HY	0	0
94	HP PROBOOK 650 LAPTOP - MARGAU	10/20/16	0			0	0	HY	0	0
95	2017 RENOVATION PROJECT	12/04/17	0			0	0	HY	0	0
96	PARKING LOT PAVING	12/04/17	0			0	0	HY	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGE	12/04/17	0			0	0	HY	0	0
98	BROWN SOFA	1/18/17	0			0	0	HY	0	0
99	55" SAMSUNG SMART TV	10/03/17	0			0	0	HY	0	0
100	HP LAPTOP ELITE BOOK 840 500 GB	11/09/17	0			0	0	HY	0	0



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**Federal Asset Report**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/17	0			0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>2,672,054</u>			<u>2,672,054</u>			<u>820,718</u>	<u>50,215</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,672,054</u>			<u>2,672,054</u>			<u>820,718</u>	<u>50,215</u>
	<b>Grand Totals</b>		2,673,659			2,672,856			821,822	50,315
	<b>Less: Dispositions and Transfers</b>		46,613			46,613			46,613	0
	<b>Less: Start-up/Org Expense</b>		0			0			0	0
	<b>Net Grand Totals</b>		<u>2,627,046</u>			<u>2,626,243</u>			<u>775,209</u>	<u>50,315</u>

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## GA Asset Report

FYE: 12/31/2017

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
<b>Prior MACRS:</b>								
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	1,605	603	201	100	-101
			<u>1,605</u>	<u>1,605</u>	<u>603</u>	<u>201</u>	<u>100</u>	<u>-101</u>
<b>Other Depreciation:</b>								
6	4 DRAWER FILE	11/25/98	589	589	589	0	0	0
8	FURNITURE	7/01/85	21,395	21,395	21,395	0	0	0
	Sold/Scrapped: 12/31/17							
9	BOARD ROOM FURNITURE	6/28/99	9,463	9,463	9,463	0	0	0
10	FIRE KING FILES (2)	6/30/99	1,284	1,284	1,284	0	0	0
15	LAND - 611 OAK ST	3/26/01	94,292	94,292	0	0	0	0
16	LAND - 615 OAK ST	3/26/01	142,046	142,046	0	0	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/01	486,905	486,905	191,719	12,173	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	559,877	211,120	13,997	13,997	0
24	GRADING - 615 OAK ST	12/14/01	3,770	3,770	3,770	0	0	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	21,372	21,372	0	0	0
26	PAVING - 615 OAK ST	12/14/01	22,190	22,190	22,190	0	0	0
	Sold/Scrapped: 12/04/17							
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	6,500	0	0	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	103,999	40,950	2,600	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	26,695	10,066	668	668	0
31	POWERHEART RD BIPHASIC DEFIBILI	4/23/02	1,963	1,963	1,963	0	0	0
34	FIRE KING 4-DRAWER FILE CABINET	11/30/03	674	674	674	0	0	0
	Sold/Scrapped: 12/31/17							
36	LCD PROJECTOR	11/30/03	2,354	2,354	2,354	0	0	0
	Sold/Scrapped: 12/31/17							
37	CONFERENCE PHONE	11/30/03	541	541	541	0	0	0
41	SCHWAB 4-DRAWER FIREPROOF FILE	11/17/04	1,185	1,185	1,185	0	0	0
42	CARRIER HEAT PUMP FOR 615C	4/11/05	2,900	2,900	852	72	72	0
44	FRIGIDAIRE HEAT PUMP & AIR HAND	5/05/06	2,900	2,900	773	73	73	0
45	4 DRAWER LEGAL FIRE KING FILES	2/27/06	1,528	1,528	1,528	0	0	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	331,352	0	0	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	700,964	176,701	17,524	17,524	0
56	BLACKBAUD NETCOMMUNITY SOFTV	6/27/08	77,022	77,022	77,022	0	0	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	1,456	325	36	36	0
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325	9,325	5,077	622	622	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800	8,800	4,840	587	587	0
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850	15,850	3,203	396	396	0
67	HP COMPAQ WORKSTATION COMPUT	3/31/10	863	863	863	0	0	0
70	WEBSITE DESIGN	9/07/12	8,000	8,000	6,933	1,067	1,067	0
71	HEAT PUMP - INDOOR	2/09/12	2,000	2,000	983	200	200	0
72	HEAT PUMP - OUTDOOR	2/09/12	2,000	2,000	983	200	200	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0	0	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0	0	0	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0	0	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0	0	0	0	0
78	NETGEAR PROSAFE 48-PORT GIGABIT	8/26/13	0	0	0	0	0	0
80	HP Laser Jet P3015 Printer	2/18/14	0	0	0	0	0	0
81	HP Laser Jet Printer P3015N	12/23/14	0	0	0	0	0	0
82	TIER 2 BACKUP APPLIANCE - 500GB	9/23/15	0	0	0	0	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0	0	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/15	0	0	0	0	0	0
85	DELL OPTIPLEX DESKTOP - CALLIE	6/04/15	0	0	0	0	0	0
86	HP LAPTOP - MEGAN	11/09/15	0	0	0	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0	0	0	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0	0	0	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0	0	0	0	0	0
90	HP LAPTOP, DOCKING STATION, MON	10/01/15	0	0	0	0	0	0
91	SPECTRUM WEB SYSTEM ENTERPRIS	4/01/15	0	0	0	0	0	0
92	HP ELITEBOOK 850 G2 - LISA'S LAPTO	2/09/16	0	0	0	0	0	0
93	SONICWALL FIREWALL TZ 300 UTM E	3/02/16	0	0	0	0	0	0
94	HP PROBOOK 650 LAPTOP - MARGAU	10/20/16	0	0	0	0	0	0
95	2017 RENOVATION PROJECT	12/04/17	0	0	0	0	0	0
96	PARKING LOT PAVING	12/04/17	0	0	0	0	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGE	12/04/17	0	0	0	0	0	0
98	BROWN SOFA	1/18/17	0	0	0	0	0	0
99	55" SAMSUNG SMART TV	10/03/17	0	0	0	0	0	0
100	HP LAPTOP ELITE BOOK 840 500 GB	11/09/17	0	0	0	0	0	0

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**GA Asset Report**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/17	0	0	0	0	0	0
	<b>Total Other Depreciation</b>		<u>2,672,054</u>	<u>2,672,054</u>	<u>820,718</u>	<u>50,215</u>	<u>50,215</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,672,054</u>	<u>2,672,054</u>	<u>820,718</u>	<u>50,215</u>	<u>50,215</u>	<u>0</u>
	<b>Grand Totals</b>		2,673,659	2,673,659	821,321	50,416	50,315	-101
	<b>Less: Dispositions</b>		46,613	46,613	46,613	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>2,627,046</u>	<u>2,627,046</u>	<u>774,708</u>	<u>50,416</u>	<u>50,315</u>	<u>-101</u>

\*\*\_\*\*\*0318

# Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605		0	0	803	802
			<b>Form 990, Page 1</b>		0	0	803	802
			<b>Grand Total</b>		0	0	803	802

\*\*\_\*\*\*0318

# Depreciation Adjustment Report

FYE: 12/31/2017

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Form **990-W**  
 (Worksheet)  
 Department of the Treasury  
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable  
 Income for Tax-Exempt Organizations**  
 (and on Investment Income for Private Foundations)  
 Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
 Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

**2018**

1	Unrelated business taxable income expected in the tax year	1	163,348
2	<b>Tax on the amount on line 1.</b> See instructions for tax computation	2	46,956
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	46,956
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	46,956
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	46,956
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	46,956
b	Enter the tax shown on the 2017 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	46,956
c	<b>2018 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	46,956

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions	11	04/17/18	06/15/18	09/17/18	12/17/18
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	11,739	11,739	11,739	11,739
13	<b>2017 Overpayment.</b> See instructions	13	11,739	450		
14	<b>Payment due</b> (Subtract line 13 from line 12)	14		11,289	11,739	11,739

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2016 &amp; 2017</b>
For calendar year 2017, or tax year beginning _____, ending _____		

Name **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Taxpayer Identification Number **\*\* - \*\*\* 0318**

		2016	2017	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	9,062,272	11,596,086	2,533,814
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	461,552	428,885	-32,667
	5. Investment income	374,028	2,465,175	2,091,147
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	1,785,451	158,598	-1,626,853
	8. Net income or (loss) from fundraising events	-38,068	-37,724	344
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>11,645,235</b>	<b>14,611,020</b>	<b>2,965,785</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	6,295,879	8,311,404	2,015,525
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	115,782	123,146	7,364
	16. Salaries, other compensation, and employee benefits	384,463	302,961	-81,502
	17. Professional fundraising fees			
	18. Other professional fees	44,574	50,481	5,907
	19. Occupancy, rent, utilities, and maintenance	56,030	73,025	16,995
	20. Depreciation and Depletion	65,791	65,454	-337
	21. Other expenses	349,128	533,362	184,234
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>7,311,647</b>	<b>9,459,833</b>	<b>2,148,186</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>4,333,588</b>	<b>5,151,187</b>	<b>817,599</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue	11,645,235	14,611,020	2,965,785
	25. Total unrelated revenue	211,751	230,847	19,096
	26. Total excludable revenue	2,380,115	2,787,534	407,419
	27. Total assets	50,915,319	60,952,112	10,036,793
	28. Total liabilities	1,382,661	1,269,180	-113,481
	29. Retained earnings	49,532,658	59,682,932	10,150,274
	30. Number of voting members of governing body	22	22	
	31. Number of independent voting members of governing body	22	22	
	32. Number of employees	7	5	
	33. Number of volunteers	30	30	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2016 &amp; 2017</b>
For calendar year 2017, or tax year beginning _____, ending _____		

Name **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Taxpayer Identification Number **\*\*-\*\*\*0318**

		2016	2017	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	211,751	230,847	19,096
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>211,751</b>	<b>230,847</b>	<b>19,096</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	11,578	18,472	6,894
	13. Other salaries and wages	18,085	26,800	8,715
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses	2,373	3,622	1,249
	18. Charitable contributions			
	19. Depreciation and Depletion	742	751	9
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs	183	917	734
	22. Other deductions	15,730	15,937	207
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>48,691</b>	<b>66,499</b>	<b>17,808</b>
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>163,060</b>	<b>164,348</b>	<b>1,288</b>
	25. Net operating loss deduction			
	26. Specific deduction	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>162,060</b>	<b>163,348</b>	<b>1,288</b>
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	46,453	46,956
29. Proxy tax				
30. Other taxes				
<b>31. Total taxes</b>		<b>46,453</b>	<b>46,956</b>	<b>503</b>
32. Other credits				
33. General business credit				
34. Credit for prior year minimum tax				
<b>35. Total credits</b>				
<b>36. Net tax after credits</b>		<b>46,453</b>	<b>46,956</b>	<b>503</b>
37. Recapture taxes				
<b>38. Total Taxes</b>	<b>46,453</b>	<b>46,956</b>	<b>503</b>	
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	27,912	45,456	17,544
	40. Payment made with extension	18,541	13,725	-4,816
	41. Backup withholding and foreign withholding			
	42. Other payments			
	<b>43. Total payments</b>	<b>46,453</b>	<b>59,181</b>	<b>12,728</b>
	<b>44. Balance due/(Overpayment)</b>		<b>-12,225</b>	<b>-12,225</b>
	45. Overpayment applied to next year		12,189	12,189
	46. Penalties	83	36	-47
	<b>47. Total due/(Refund)</b>	<b>83</b>		<b>-83</b>



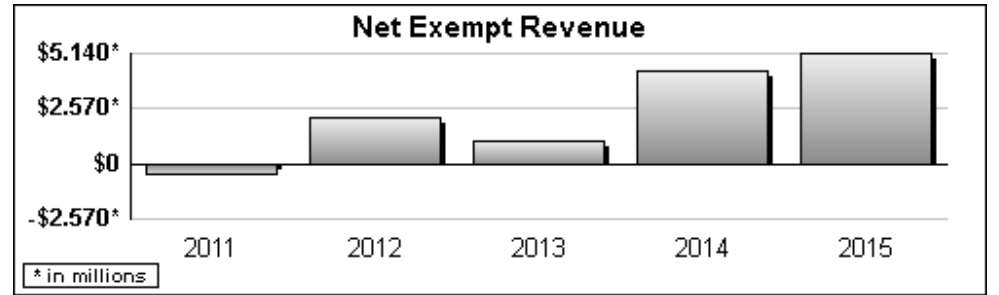
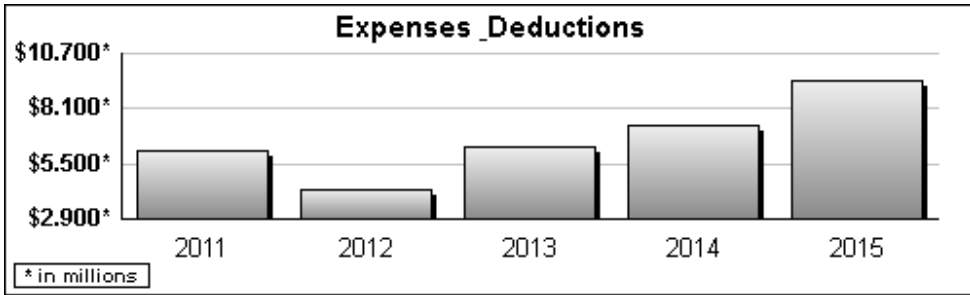
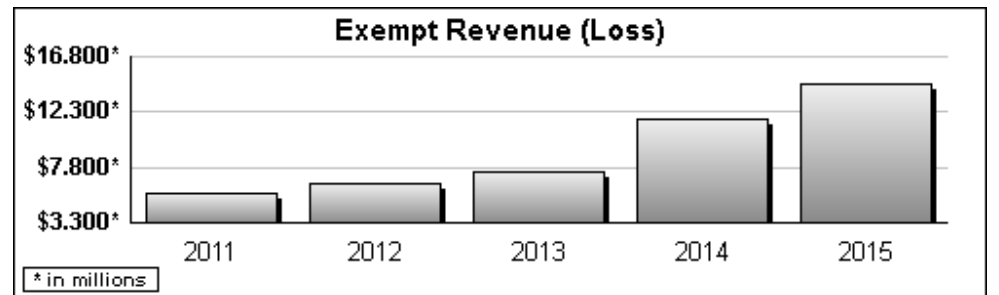
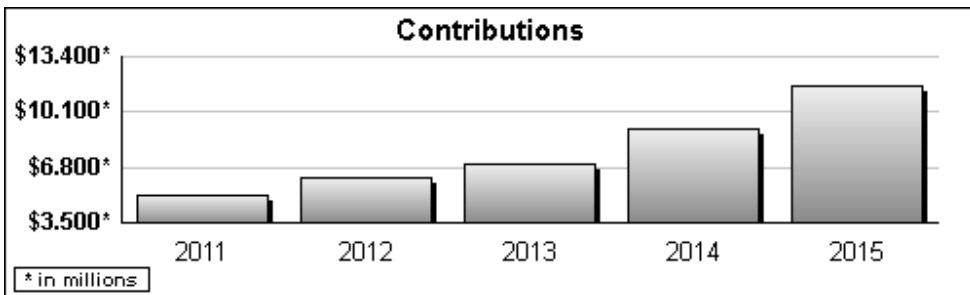
Form <b>990</b>	<b>Tax Return History</b>	<b>2017</b>
Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>		Employer Identification Number <b>** - *** 0318</b>

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....	5,158,386	6,136,280	7,030,292	9,062,272	11,596,086	
Membership dues .....						
Program service revenue .....	266,856	315,519	396,490	461,552	428,885	
Capital gain or loss .....	48,382	-396,053	-425,912	1,785,451	158,598	
Investment income .....	468,392	406,008	437,824	374,028	2,465,175	
Fundraising revenue (income/loss) .....	-306,646	-34,769	-34,296	-38,068	-37,724	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>5,635,370</b>	<b>6,426,985</b>	<b>7,404,398</b>	<b>11,645,235</b>	<b>14,611,020</b>	
Grants and similar amounts paid .....	5,169,448	3,397,023	5,262,043	6,295,879	8,311,404	
Benefits paid to or for members .....						
Compensation of officers, etc. ....	118,965	118,965	142,923	115,782	123,146	
Other compensation .....	219,647	223,604	265,536	384,463	302,961	
Professional fees .....	34,954	40,219	54,551	44,574	50,481	
Occupancy costs .....	56,554	58,342	58,269	56,030	73,025	
Depreciation and depletion .....	65,338	56,335	62,024	65,791	65,454	
Other expenses .....	423,570	337,493	425,338	349,128	533,362	
<b>Total expenses</b> .....	<b>6,088,476</b>	<b>4,231,981</b>	<b>6,270,684</b>	<b>7,311,647</b>	<b>9,459,833</b>	
<b>Excess or (Deficit)</b> .....	<b>-453,106</b>	<b>2,195,004</b>	<b>1,133,714</b>	<b>4,333,588</b>	<b>5,151,187</b>	
<b>Total exempt revenue</b> .....	<b>5,635,370</b>	<b>6,426,985</b>	<b>7,404,398</b>	<b>11,645,235</b>	<b>14,611,020</b>	
Total unrelated revenue .....	41,631	76,690	163,503	211,751	230,847	
Total excludable revenue .....	733,089	222,688	220,324	2,380,115	2,787,534	
Total Assets .....	48,250,366	44,540,415	46,126,052	50,915,319	60,952,112	
Total Liabilities .....	10,022,938	1,774,227	1,534,309	1,382,661	1,269,180	
Net Fund Balances .....	38,227,428	42,766,188	44,591,743	49,532,658	59,682,932	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>	Employer Identification Number <b>** - *** 0318</b>
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss	<b>41,631</b>	<b>76,690</b>	<b>163,503</b>	<b>211,751</b>	<b>230,847</b>	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>	<b>41,631</b>	<b>76,690</b>	<b>163,503</b>	<b>211,751</b>	<b>230,847</b>	
Compensation of officers, ect.	<b>9,802</b>	<b>6,127</b>	<b>14,293</b>	<b>11,578</b>	<b>18,472</b>	
Other salaries and wages	<b>7,858</b>	<b>10,084</b>	<b>18,442</b>	<b>18,085</b>	<b>26,800</b>	
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses	<b>1,329</b>	<b>1,226</b>	<b>2,619</b>	<b>2,373</b>	<b>3,622</b>	
Charitable contributions						
Depreciation and Depletion		<b>467</b>	<b>738</b>	<b>742</b>	<b>751</b>	
Deferred compensation plans						
Employee benefit programs	<b>236</b>	<b>1,973</b>	<b>717</b>	<b>183</b>	<b>917</b>	

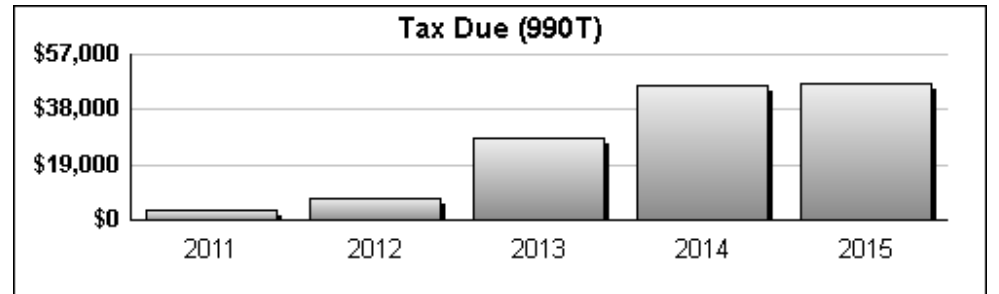
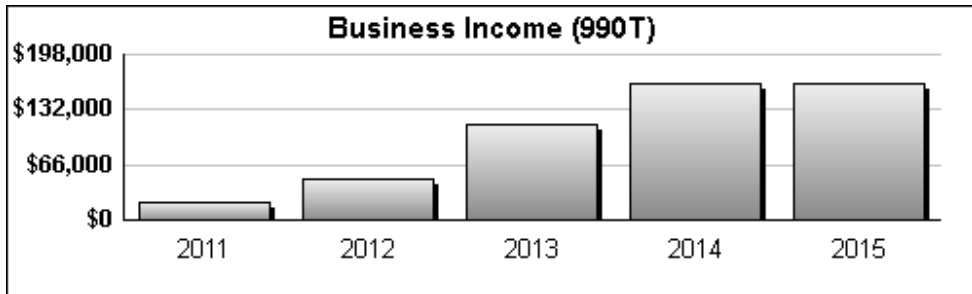
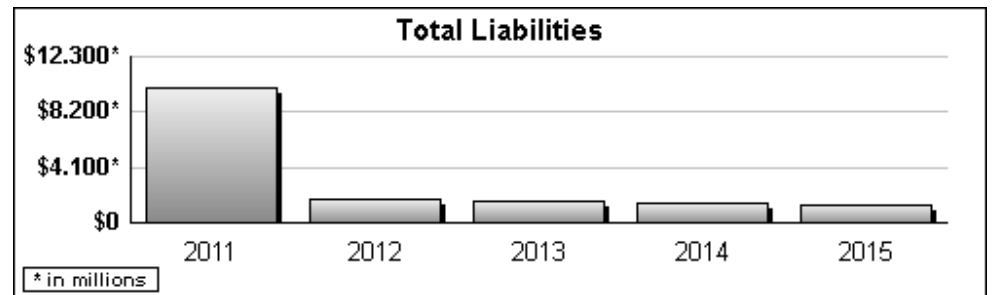
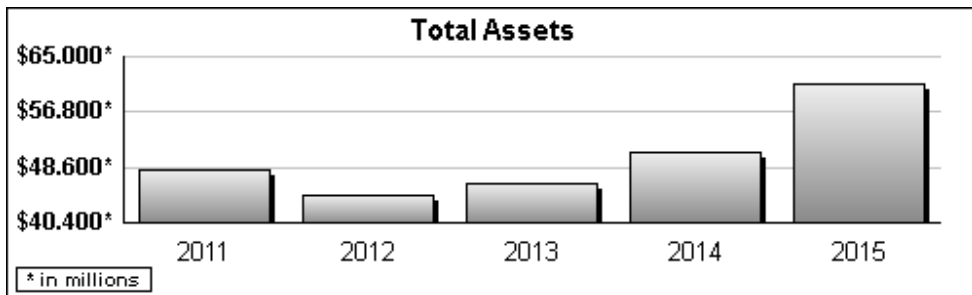


Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>	Employer Identification Number <b>** - *** 0318</b>
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	2013	2014	2015	2016	2017	2018
Other deductions .....	100	5,845	11,176	15,730	15,937	
Net operating loss deduction .....						
Specific deduction .....	1,000	1,000	1,000	1,000	1,000	
<b>Income after expense and deductions</b>	<b>21,306</b>	<b>49,968</b>	<b>114,518</b>	<b>162,060</b>	<b>163,348</b>	
Income tax (corporate or trust) .....	3,196	7,495	27,912	46,453	46,956	
Other taxes .....						
<b>Total taxes</b>	<b>3,196</b>	<b>7,495</b>	<b>27,912</b>	<b>46,453</b>	<b>46,956</b>	
General business credit .....						
Other credits .....						
<b>Net tax after credits</b>	<b>3,196</b>	<b>7,495</b>	<b>27,912</b>	<b>46,453</b>	<b>46,956</b>	
Estimated tax payments .....	1,609	3,627	9,143	27,912	45,456	
Other payments .....	1,587	9,314	43,769	37,082	27,450	
<b>Balance due/Overpayment</b> .....		<b>-5,446</b>	<b>-25,000</b>	<b>-18,541</b>	<b>-25,950</b>	

\* Income shown net of expenses



**Federal Statements****Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT REVENUE						
	\$ 2,155,125					14
INVESTMENT INCOME ON AGENCY E						
	465,254					14
FEEES ON AGENCY FUNDS						
	-80,048					14
SPLIT INTEREST AGREEMENT						
	-75,156					14
TOTAL	<u>\$ 2,465,175</u>					

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**Federal Statements**

FYE: 12/31/2017

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER	\$ 22,745	\$ 22,609	\$ 115	\$ 21
TOTAL	<u>\$ 22,745</u>	<u>\$ 22,609</u>	<u>\$ 115</u>	<u>\$ 21</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER	\$ 13,694	\$ 13,045	\$ 483	\$ 166
BOARD AND COMMITTEE EXP	5,272	5,272		
NORTHWIND SYMPHONIC	4,645	4,645		
NGCF LUNCH AND LEARN	971	971		
	652	652		
	10		10	
TOTAL	<u>\$ 25,244</u>	<u>\$ 24,585</u>	<u>\$ 493</u>	<u>\$ 166</u>

\*\*-\*\*\*0318

**Federal Statements**

FYE: 12/31/2017

**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS - AGENCY NON CASH - NON SCHED B	\$ 811,522
DONATIONS - LAKE RABUN	49,536
CONTRIBUTIONS - NON SCHEDULE B, FR	5,083,929
AGENCY CONTRIBUTIONS	1,016,962
DONATION - PROGRAM SVC EVENTS	118,154
MARK C SMITH SECURITIES	
GEORGE THOMAS PUBLICLY TRADED SECURITIES	
STROTHER RANDOLPH SECURITIES	
CHARLES WYNNE SECURITIES	
CHANTAL AND TOMMY BAGWELL CASH CONTRIBUTION	800,000
FRED AND SARA HOYT CASH CONTRIBUTION	321,974
ELTON MADDOX CASH CONTRIBUTION	500,000
STOCK	350,822
THE HAMBRIDGE CENTER STOCK	
THE HAMBRIDGE CENTER STOCK	
DONALD MOSS SCHOLARSHIP CASH CONTRIBUTION	1,100,000
DWM INC CASH CONTRIBUTION	900,000
ESTATE OF ABBY LATHAM CASH CONTRIBUTION	243,187
HUMANE SOCIETY OF NORTHEAST CASH CONTRIBUTION	300,000
TOTAL	\$ <u><u>11,596,086</u></u>

\*\*-\*\*\*0318

**Federal Statements**

FYE: 12/31/2017

**Schedule A, Part II, Line 8(e)**

<u>Description</u>	<u>Amount</u>
INVESTMENT REVENUE	\$ 2,155,125
INVESTMENT INCOME ON AGENCY E	465,254
FEEs ON AGENCY FUNDS	-80,048
SPLIT INTEREST AGREEMENT	-75,156
TOTAL	\$ <u>2,465,175</u>

**Schedule A, Part II, Line 9(e)**

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES	\$ 230,847
LESS: DEDUCTIONS	-49,027
TOTAL	\$ <u>181,820</u>

**Schedule A, Part II, Line 10(e)**

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$ 11,671
TOTAL	\$ <u>11,671</u>

**Federal Statements****Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
OFFICE RENTAL TO NON PROFITS	\$ 96,527
OTHER	2,214
FOUNDATION FEES - OTHER	80,512
NORTHWIND SYMPHONIC	717
PHILANTHROPIST OF THE YEAR	8,950
NGCF LUNCH AND LEARN	2,150
JEFFREY GAY MEMORIAL FUND	6,854
MISCELLANEOUS	
REGION 2 RTAC EDUC FUND	6,968
OFFICE RENTAL	
TOTAL	\$ <u>204,892</u>



**Federal Statements**

**DANCING FOR A CAUSE**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$ 45,948
TOTAL	\$ <u>45,948</u>

**Federal Statements**

**Form 990-T - Other Deductions Not Taken Elsewhere**

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 250
COMPUTER MAINT	14,418
OTHER FACILITIES COST	1,269
TOTAL	<u>\$ 15,937</u>

\*\*\_\*\*\*0318

**Federal Statements**

FYE: 12/31/2017

**Cash - EOY**

<u>Description</u>	<u>Amount</u>
CASH	\$ 2,270,602
CASH HELD IN TRUST	30,445
TOTAL	\$ <u>2,301,047</u>

**Accounts payable - EOY**

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 13,781
TOTAL	\$ <u>13,781</u>

**Revenue-net unrealized gains**

<u>Description</u>	<u>Amount</u>
FINANCIAL STATEMENT	\$ 4,071,507
TOTAL	\$ <u>4,071,507</u>

**Program service exp (Force)**

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 444,357
	\$ <u>444,357</u>

**DANCING FOR A CAUSE****Gross receipts**

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$ 11,671
TOTAL	\$ <u>11,671</u>

### Federal Statements

#### NORTHWIND SYMPHONIC

#### Gross receipts

<u>Description</u>	<u>Amount</u>
NORTHWIND SYMPHONIC	\$ <u>717</u>
TOTAL	\$ <u><u>717</u></u>

### Federal Statements

FYE: 12/31/2017

#### PHILANTHROPIST OF THE YEAR

<u>Description</u>	<u>Gross receipts</u> <u>Amount</u>
PHILANTHROPIST OF THE YEAR	\$ 8,950
TOTAL	\$ <u>8,950</u>

### Federal Statements

#### Administrative fees

#### Gross receipts

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES - ATHENS	\$ 230,847
TOTAL	\$ <u>230,847</u>

### Federal Statements

#### NGCF Lunch and Learn

<u>Description</u>	<u>Gross receipts</u> <u>Amount</u>
LUNCH AND LEARN	\$ <u>2,150</u>
TOTAL	\$ <u><u>2,150</u></u>