

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 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) **615 F OAK STREET NW** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **GAINESVILLE GA 30501**

D Employer identification number **58-1610318**

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

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

G Gross receipts \$ **50,276,761**

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

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

J Website: ▶ **WWW.NGCF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985** **M** State of legal domicile: **GA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NORTH GEORGIA COMMUNITY FOUNDATION HELPS PEOPLE AND NON-PROFITS INVEST GENEROUSLY IN THE LIVES OF THOSE WHO CALL OUR COMMUNITY HOME.			
	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)	26	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	10	
	6	Total number of volunteers (estimate if necessary)	25	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	285,733	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	184,306		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	13,453,493	24,584,752
	9	Program service revenue (Part VIII, line 2g)	648,866	691,121
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,416,147	4,433,939
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	278,797	-20,960
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,797,303	29,688,852
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,964,250	11,698,837
	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)	674,986	843,593
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 162,189		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	948,929	728,643
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,588,165	13,271,073
19	Revenue less expenses. Subtract line 18 from line 12	1,209,138	16,417,779	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	77,237,160	106,802,389
	21	Total liabilities (Part X, line 26)	874,355	5,027,036
22	Net assets or fund balances. Subtract line 21 from line 20	76,362,805	101,775,353	

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: **PRESIDENT - CEO**

Paid Preparer Use Only

Print/Type preparer's name: **J. CHRIS HOLLIFIELD** Preparer's signature: **J. CHRIS HOLLIFIELD** Date: _____
 Check if self-employed PTIN: **P00939610**

Firm's name: **RUSHTON & COMPANY, LLC** Firm's EIN: **58-2282374**
 P.O. BOX 2917
 Firm's address: **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 HELPS PEOPLE AND NON-PROFITS INVEST GENEROUSLY IN THE LIVES OF THOSE WHO CALL OUR COMMUNITY HOME.

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 \$ **12,448,851** including grants of \$ **11,698,837**) (Revenue \$ **93,462**)
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 \$15 MILLION IN GRANTS AND SCHOLARSHIPS.

4b (Code:) (Expenses \$ **246,147** including grants of \$) (Revenue \$ **311,926**)
SERVICE TO NONPROFITS
THE NORTH GEORGIA COMMUNITY FOUNDATION IS COMMITTED TO SUPPORTING LOCAL NONPROFIT ORGANIZATIONS. THE FOUNDATION OFFERS AFFORDABLE OFFICE SPACE TO A WIDE VARIETY OF NONPROFITS. IN ADDITION TO THE FOUNDATION OFFICES, THE COMMUNITY FOUNDATION BUILDING IS HOME TO 15 LOCAL NONPROFIT ORGANIZATIONS. THROUGH THE NGCF G.R.O.W. PROGRAM, NGCF PROVIDES PROFESSIONAL DEVELOPMENT AND EDUCATIONAL OPPORTUNITIES TO ALL NONPROFITS IN NORTH GEORGIA. THIS ALLOWS NONPROFITS TO STRENGTHEN THEIR OPERATIONS AND BETTER ACHIEVE THEIR MISSIONS.

4c (Code:) (Expenses \$ **100,002** including grants of \$) (Revenue \$)
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. THE COMMUNITY FOUNDATION ALSO MAKES PRESENTATION TO LOCAL COMMUNITY GROUPS TO ENCOURAGE PHILANTHROPY AND WORKS CLOSELY WITH FUNDHOLDERS TO HELP THEM MEET THEIR PHILANTHROPIC GOALS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **12,795,000**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8 Sponsoring organizations maintaining donor advised funds.	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week 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 PRESIDENT - CEO	40.00 0.00	X		X				158,124	0	21,960
(2) PHILL BETTIS BOARD MEMBER	1.00 0.00	X						0	0	0
(3) CHAD BLACK BOARD MEMBER	1.00 0.00	X						0	0	0
(4) LANCE CARPENTER BOARD MEMBER	1.00 0.00	X						0	0	0
(5) TAMMY CAUDELL BOARD MEMBER	1.00 0.00	X						0	0	0
(6) BLAIR DIAZ VICE CHAIR	1.00 0.00	X		X				0	0	0
(7) LINDA FOSTER BOARD MEMBER	1.00 0.00	X						0	0	0
(8) ROB FOWLER CHAIR	1.00 0.00	X		X				0	0	0
(9) RANDALL FROST SECRETARY	1.00 0.00	X		X				0	0	0
(10) MARY GOWAN BOARD MEMBER	1.00 0.00	X						0	0	0
(11) KRISTI GRIFFIN BOARD MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) LINDA HARDIE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) RUSTY HOPKINS	1.00									
TREASURER	0.00	X		X			0	0	0	
(14) BRIAN HORTON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) JOHN (JAY) JACOBS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) CAL JOHNSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) MARY HELEN MCGRUDER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) PHILLIPPA LEWIS MOSS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) ANN NIXON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal							158,124		21,960	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							158,124		21,960	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

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

(A) Name and title	(B) Average hours per week 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) BOB PRIM	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(21) GREG RHODES	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) ROBERT SHIPPEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) BRIAN STEINES	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(24) BRIAN TAM	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(25) NATALIE TESTON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(26) BRIAN WHALEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(27) MARY HART WILHEIT	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 420,020					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 24,164,732					
	g Noncash contributions included in lines 1a-1f	1g \$ 4,773,690					
	h Total. Add lines 1a-1f		24,584,752				
Program Service Revenue			Business Code				
	2a ADMINISTRATIVE FEES	900099	285,733		285,733		
	b OTHER	900099	152,734	152,734			
	c FOUNDATION FEES - OTHER	900099	143,788	143,788			
	d OFFICE RENTAL TO NON PROFITS	900099	108,866	108,866			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			691,121				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,101,247			2,101,247	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	22,838,330				
		(ii) Other					
		7a					
		b Less: cost or other basis and sales exps.	7b 20,504,772	866			
	c Gain or (loss)	7c 2,333,558	-866				
	d Net gain or (loss)			2,332,692	2,332,692		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a	61,311					
	b Less: direct expenses	8b 82,271					
c Net income or (loss) from fundraising events			-20,960		-19,232		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			29,688,852	2,738,080	285,733	2,082,015	

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	11,315,837	11,315,837		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	383,000	383,000		
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	158,124	63,250	15,812	79,062
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	526,797	313,251	172,815	40,731
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,683	14,118	7,073	4,492
9	Other employee benefits	82,990	45,620	22,855	14,515
10	Payroll taxes	49,999	27,484	13,770	8,745
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	30,615	30,306	224	85
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,292	1,292		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,936	12,805	94	37
12	Advertising and promotion	24,602	13,524	6,775	4,303
13	Office expenses	88,909	83,086	4,205	1,618
14	Information technology				
15	Royalties				
16	Occupancy	102,889	96,144	4,871	1,874
17	Travel	27,448	15,088	7,559	4,801
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,548	68,730	3,479	1,339
23	Insurance	15,967	14,920	756	291
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSE	273,569	273,569		
b	INCOME TAX	52,824		52,824	
c	OTHER	16,296	15,228	772	296
d	BOARD AND COMMITTEE EXP	7,648	7,648		
e	All other expenses	100	100		
25	Total functional expenses. Add lines 1 through 24e	13,271,073	12,795,000	313,884	162,189
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,573,812	1	2,934,248
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,901	9	26,040
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,905,321		
	b Less: accumulated depreciation	10b 974,237	1,995,007	10c 1,931,084
	11 Investments—publicly traded securities	73,655,440	11	101,911,017
	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 Total assets. Add lines 1 through 15 (must equal line 33)	77,237,160	16	106,802,389	
Liabilities	17 Accounts payable and accrued expenses	28,244	17	29,948
	18 Grants payable		18	
	19 Deferred revenue		19	20,750
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	846,111	25	4,976,338
	26 Total liabilities. Add lines 17 through 25	874,355	26	5,027,036
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	75,619,729	27	94,952,134
	28 Net assets with donor restrictions	743,076	28	6,823,219
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	76,362,805	32	101,775,353	
33 Total liabilities and net assets/fund balances	77,237,160	33	106,802,389	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,688,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,271,073
3	Revenue less expenses. Subtract line 2 from line 1	3	16,417,779
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,362,805
5	Net unrealized gains (losses) on investments	5	6,710,785
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,283,984
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	101,775,353

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number 58-1610318
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,062,272	11,596,086	17,374,634	13,453,493	24,584,752	76,071,237
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,062,272	11,596,086	17,374,634	13,453,493	24,584,752	76,071,237
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,186,168
6 Public support. Subtract line 5 from line 4						60,885,069

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	9,062,272	11,596,086	17,374,634	13,453,493	24,584,752	76,071,237
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	455,373	2,465,175	3,949,563	3,228,621	2,101,247	12,199,979
9 Net income from unrelated business activities, whether or not the business is regularly carried on	173,638	181,820	221,921	218,796	215,931	1,012,106
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,662	11,671	20,235	318,028	18,336	377,932
11 Total support. Add lines 7 through 10						89,661,254
12 Gross receipts from related activities, etc. (see instructions)					12	1,385,226
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	67.91%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	79.28%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	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>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined 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>		
c	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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

PROGRAM SERVICE REVENUE	\$ 359,596
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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

2020

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

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number 58-1610318
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

2020

Open to Public Inspection

Name of the organization

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number

58-1610318

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

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

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two questions about donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and various monitoring and reporting questions.

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 3 columns: Description, Revenue, Assets. Rows include questions about reporting art and historical treasures and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	138,764,640
1d	20,602,349
1e	16,331,278
1f	143,035,711

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	12,933,193	10,616,418	9,971,585	8,182,665	9,343,934
b Contributions	1,982,283	1,396,267	1,570,509	1,029,627	677,880
c Net investment earnings, gains, and losses	2,606,482	2,033,510	-297,848	1,392,834	631,355
d Grants or scholarships	-436,380	-990,976	-516,601	-540,827	-2,376,618
e Other expenditures for facilities and programs					
f Administrative expenses	-142,077	-122,026	-111,227	-92,714	-93,886
g End of year balance	16,943,501	12,933,193	10,616,418	9,971,585	8,182,665

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** Term endowment %

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

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

- (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		567,689		567,689
b Buildings		2,142,089	854,737	1,287,352
c Leasehold improvements				
d Equipment		94,631	68,941	25,690
e Other		100,912	50,559	50,353
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,931,084

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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) LIABILITIES UNDER SPLIT INTEREST AG	4,886,020
(3) ANNUITY LIABILITIES	89,678
(4) SECURITY DEPOSIT	640
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,976,338

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	34,220,899
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,710,785
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	83,138
e	Add lines 2a through 2d	2e	6,793,923
3	Subtract line 2e from line 1	3	27,426,976
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	2,261,876
c	Add lines 4a and 4b	4c	2,261,876
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,688,852

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	12,960,736
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	83,138
e	Add lines 2a through 2d	2e	83,138
3	Subtract line 2e from line 1	3	12,877,598
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	393,475
c	Add lines 4a and 4b	4c	393,475
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,271,073

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 14 - 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, 2020, 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 2017.

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

SPECIAL EVENTS EXPENSE	\$	82,272
LOSS ON ASSET	\$	866

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

ASC 958 HELD FOR OTHERS DONATIONS	\$	1,939,379
ASC 958 HELD FOR OTHERS INVESTMENT REVENUE	\$	322,497

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

SPECIAL EVENTS EXPENSE	\$	82,272
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Part XIII Supplemental Information *(continued)*

LOSS ON ASSET **\$ 866**

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

ASC 958 HELD FOR OTHERS GRANTS **\$ 436,380**

NGCF GIFTS **\$ -42,905**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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 for instructions and the latest information.

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

58-1610318

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							
Total							

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.

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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
		REGION 2 RTAC E <small>(event type)</small>	SPRING CHICKEN <small>(event type)</small>	1 <small>(total number)</small>	<small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	19,225	15,000	8,750	42,975
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	19,225	15,000	8,750	42,975
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	29,121		15,582	44,703
	10 Direct expense summary. Add lines 4 through 9 in column (d)				44,703
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,728	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:
Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
 Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

**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

2020

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Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-1610318

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)	AMERICAN CANCER SOCIETY, INC. 250 WILLIAMS STREET N.W. ATLANTA GA 30303	13-1788491	3	10,000				HEALTH
(2)	AMERICAN HEART ASSOCIATION 10 GLENLAKE PARKWAY N.E. ATLANTA GA 30328	13-5613797	3	10,000				SOCIAL SERVICES
(3)	ATHENS TECH FOUNDATION, INC. 800 HIGHWAY 29, NORTH ATHENS GA 30601-1500	58-1824771	3	115,496				SOCIAL SERVICES
(4)	ATHENS YOUTH SYMPHONY INC. PO BOX 415 ATHENS GA 30603	58-2598050	3	7,000				EDUCATION
(5)	ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE., NE ATLANTA GA 30309	58-1313284	3	30,000				ARTS AND CULTURE
(6)	ATLANTA MISSION 2353 BOLTON RD. N.W. ATLANTA GA 30318	58-0572430	3	12,400				SOCIAL SERVICES
(7)	AUSTIN CLASSICAL GUITAR SOCIETY PO BOX 4072 AUSTIN TX 78765	74-2595883	3	10,000				ARTS AND CULTURE
(8)	BOY SCOUTS OF AMERICA - NORTHEAST G PO BOX 399 JEFFERSON GA 30549	58-0566207	3	10,150				SOCIAL SERVICES
(9)	BOYS & GIRLS CLUB OF LANIER PO BOX 691 GAINESVILLE GA 30503	58-0656890	3	155,575				SOCIAL SERVICES

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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58-1610318

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)	BRENAU UNIVERSITY 500 WASHINGTON ST., SE GAINESVILLE GA 30501	58-0566143	3	113,745				EDUCATION
(2)	CALVIN SIMMONS FOUNDATIONAL MINISTR 515 NORTH CHURCH STREET THOMASTON GA 30286	58-2054163	3	12,000				SOCIAL SERVICES
(3)	CAREGIVER'S HOPE, INC. PO BOX 94173 ATLANTA GA 30377	77-0642833	3	7,000				SOCIAL SERVICES
(4)	CENTER POINT, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	58-1022054	3	18,050				SOCIAL SERVICES
(5)	CHATTAHOOCHEE NATURE CENTER INC. 9135 WILLEO ROAD ROSWELL GA 30075	58-1275604	3	57,205				ARTS AND CULTURE
(6)	CHATTOGA CONSERVANCY 9 SEQUOIA HILLS LANE CLAYTON GA 30525	58-2121969	3	10,850				SOCIAL SERVICES
(7)	CHESTATEE HIGH SCHOOL 3005 SARDIS ROAD GAINESVILLE GA 30506	58-6000256	GOV	876,542				EDUCATION
(8)	CHILDREN'S CENTER FOR HOPE AND HEAL PO BOX 907401 GAINESVILLE GA 30501	58-1718580	3	10,000				SOCIAL SERVICES
(9)	CHURCH OF GOD MINISTRIES INC. P.O. BOX 2420 ANDERSON IN 46018	35-2049256	3	8,000				RELIGION

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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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)	CHURCH OF THE APOSTLES 32 GRANT ROAD WEST DAWSONVILLE GA 30534	58-1962814	3	6,000				RELIGION
(2)	CHURCH OF THE INCARNATION PO BOX 729 HIGHLANDS NC 28741	56-1151464	3	15,000				RELIGION
(3)	CITY CHURCH GAINESVILLE 3504 EDGEWOOD CIRCLE GAINESVILLE GA 30506	81-1264893	3	106,250				RELIGION
(4)	COMMUNITY HELPING PLACE PO BOX 712 DAHLONEGA GA 30533	37-1554432	3	10,500				SOCIAL SERVICES
(5)	COMMUNITY PARTNERSHIP/RABUN COUNTY 837 HWY 76 W. CLAYTON GA 30525	58-2060125	3	36,500				SOCIAL SERVICES
(6)	CROSS TRAINING SPORTS CAMP, INC. PO BOX 578 OAKWOOD GA 30566	43-1991487	3	60,000				SOCIAL SERVICES
(7)	DARBY'S WARRIOR SUPPORT PO BOX 1463 SEARCY AR 72145	46-5207131	3	25,000				SOCIAL SERVICES
(8)	DEER CREEK SHORES PRESBYTERIAN CHURCH 7620 LANIER DRIVE CUMMING GA 30041	58-1202580	3	5,500				RELIGION
(9)	DISABILITY RESOURCE CENTER 170 SCOGGINS DRIVE DEMOREST GA 30535	58-1842953	3	10,000				SOCIAL SERVICES

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Schedule I (Form 990) (2020)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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58-1610318

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(1)	DREAM POWER THERAPY 1855 CALVARY CHURCH ROAD BARN D GAINESVILLE GA 30507	58-2022460	3	5,500				SOCIAL SERVICES
(2)	DRUG AWARENESS INC 1362 JUANITA AVE. GAINESVILLE GA 30501	83-0897362	3	9,830				SOCIAL SERVICES
(3)	EAGLE RANCH, INC. PO BOX 7200 CHESTNUT MOUNTAIN GA 30502	58-1497408	3	105,701				SOCIAL SERVICES
(4)	EDMONDSON-TELFORD CENTER FOR CHILDREN 603 WASHINGTON STREET NW GAINESVILLE GA 30501	58-2250500	3	12,200				SOCIAL SERVICES
(5)	ELACHEE NATURE SCIENCE CENTER, INC. 2125 ELACHEE DRIVE GAINESVILLE GA 30504	58-1643768	3	37,658				ARTS AND CULTURE
(6)	ETC GEORGIA INC 3309 BOLD SPRINGS RD. DACULA GA 30019	83-0578635	3	18,204				SOCIAL SERVICES
(7)	FAITH, INC. PO BOX 1964 CLAYTON GA 30525	58-2176046	3	14,750				RELIGION
(8)	FAMILY PROMISE OF HALL COUNTY 3606 MCEVER ROAD OAKWOOD GA 30566	27-5544034	3	141,050				SOCIAL SERVICES
(9)	FAMILY PROMISE OF WHITE COUNTY PO BOX 905 CLEVELAND GA 30528	45-2221200	3	16,400				SOCIAL SERVICES

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Schedule I (Form 990) (2020)

**SCHEDULE I
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(1)	FAMILY TIES GAINESVILLE INC. PO BOX 1206 GAINESVILLE GA 30503	58-1899506	3	10,000				SOCIAL SERVICES
(2)	FIRST BAPTIST CHURCH OF GAINESVILLE 751 GREEN STREET, NW GAINESVILLE GA 30501	58-0622975	3	9,000				RELIGION
(3)	FIRST PRESBYTERIAN CHURCH OF GAINESVILLE 880 S. ENOTA DRIVE, NE GAINESVILLE GA 30501	58-6011388	3	45,000				RELIGION
(4)	FIRST PRESBYTERIAN CHURCH OF MARIETTA 189 CHURCH STREET MARIETTA GA 30060	58-0610065	3	5,050				SOCIAL SERVICES
(5)	FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS GA 30604	58-1938066	3	45,000				RELIGION
(6)	FOR HIS KINGDOM MISSIONS PO BOX 620 MURRAYVILLE GA 30564	20-8291520	3	15,000				SOCIAL SERVICES
(7)	FORSYTH CENTRAL HIGH SCHOOL 131 ALMON C. HILL DRIVE CUMMING GA 30040	58-6000243	GOV	9,000				EDUCATION
(8)	FORSYTH COUNTY SCHOOLS 1120 DAHLONEGA HIGHWAY CUMMING GA 30040	58-6000243	GOV	26,000				EDUCATION
(9)	FRANKIE AND ANDY'S PLACE INC 653 GAINESVILLE HWY. WINDER GA 30680	47-5260905	3	38,000				SOCIAL SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**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.
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Name of the organization
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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)	FRIENDS OF THE HALL COUNTY LIBRARY 127 MAIN STREET NE GAINESVILLE GA 30501	20-8456663	3	9,000				ARTS AND CULTURE
(2)	GAINESVILLE CITY BOARD OF EDUCATION 508 OAK STREET, NW GAINESVILLE GA 30501-3506	58-6000152	GOV	8,000				EDUCATION
(3)	GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE RD GAINESVILLE GA 30506	58-0641234	3	151,800				RELIGION
(4)	GAINESVILLE-HALL COUNTY COMMUNITY C 430 PRIOR STREET GAINESVILLE GA 30501	58-1591227	3	57,485				SOCIAL SERVICES
(5)	GAINESVILLE POLICE DEPARTMENT 701 QUEEN CITY PARKWAY, SW GAINESVILLE GA 30501	58-6000583	GOV	55,000				SOCIAL SERVICES
(6)	GATEWAY DOMESTIC VIOLENCE CENTER PO BOX 2962 GAINESVILLE GA 30503-2962	58-1447674	3	26,050				SOCIAL SERVICES
(7)	GEORGIA FORESTWATCH 81 CROWN MOUNTAIN PLACE DAHLONEGA GA 30533	58-2188475	3	10,000				SOCIAL SERVICES
(8)	GEORGIA MOUNTAIN FOOD BANK PO BOX 233 GAINESVILLE GA 30503	26-2787610	3	141,600				SOCIAL SERVICES
(9)	GEORGIA MOUNTAIN PSYCHOLOGICAL ASSO 696 CELESTIAL CIRCLE CLAYTON GA 30525	85-1244258	3	7,100				SOCIAL SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-1610318

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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)	GEORGIA MOUNTAINS YMCA 2455 YMCA DRIVE GAINESVILLE GA 30501	58-2203268	3	6,000				SOCIAL SERVICES
(2)	GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA GA 30332	58-0622514	3	77,000				SOCIAL SERVICES
(3)	GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30308	58-6043294	3	37,000				SOCIAL SERVICES
(4)	GOOD NEWS AT NOON, INC. PO BOX 1577 GAINESVILLE GA 30503	58-1895047	3	13,000				SOCIAL SERVICES
(5)	GOOD NEWS CLINICS, INC. PO BOX 2683 GAINESVILLE GA 30501	58-2058853	3	260,765				SOCIAL SERVICES
(6)	GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	58-1524654	3	41,235				RELIGION
(7)	HABERSHAM COUNTY BOARD OF EDUCATION PO BOX 70 CLARKESVILLE GA 30523	58-6000255	GOV	8,036				EDUCATION
(8)	HABERSHAM COUNTY UNITED WAY, INC. PO BOX 572 CORNELIA GA 30531	58-1416241	3	20,000				SOCIAL SERVICES
(9)	HALL COUNTY FCA PO BOX 656 OAKWOOD GA 30566	44-0610626	GOV	15,000				SOCIAL SERVICES

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(1)	HALL COUNTY SCHOOL SYSTEM 711 GREEN STREET GAINESVILLE GA 30506	58-6000256	GOV	8,000				SOCIAL SERVICES
(2)	HALL COUNTY SHERIFF'S DEPARTMENT 610 MAIN STREET GAINESVILLE GA 30501	58-6000836	GOV	9,886				SOCIAL SERVICES
(3)	HALL DAWSON CASA PROGRAM, INC. PO BOX 907471 GAINESVILLE GA 30501-0908	58-2034915	3	8,858				SOCIAL SERVICES
(4)	HIGHTOWER BAPTIST ASSOCIATION P.O. BOX 2008 CUMMING GA 30028	20-4042224	3	48,000				RELIGION
(5)	HISPANIC ALLIANCE 526 PEARL NIX PARKWAY GAINESVILLE GA 30501	81-4556909	3	17,500				SOCIAL SERVICES
(6)	HUMANE SOCIETY OF NORTHEAST GEORGIA 845 WEST RIDGE ROAD GAINESVILLE GA 30501	58-0678817	3	23,550				SOCIAL SERVICES
(7)	INTERACTIVE NEIGHBORHOOD FOR KIDS, 999 CHESTNUT STREET, SE, #11 GAINESVILLE GA 30501	75-3077646	3	87,800				SOCIAL SERVICES
(8)	JACK P. NIX PRIMARY SCHOOL 342 WEST KYTLE STREET CLEVELAND GA 30528	58-6000346	3	43,333				SOCIAL SERVICES
(9)	JACKSON COUNTY FAMILY CONNECTION, I PO BOX 883 JEFFERSON GA 30549	56-2421202	3	15,000				SOCIAL SERVICES

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(1)	JOHN JARRARD FOUNDATION, INC. 500 JESSE JEWELL PARKWAY, SE SUITE GAINESVILLE GA 30501	20-8879399	3	12,800				SOCIAL SERVICES
(2)	JOHNS CREEK BAPTIST CHURCH 6910 MCGINNIS FERRY RD. ALPHARETTA GA 30005	58-0838628	3	15,000				RELIGION
(3)	KEATON FRANKLIN COKER FOUNDATION INC PO BOX 2697 GAINESVILLE GA 30503	47-2023349	3	24,371				SOCIAL SERVICES
(4)	KENNESAW UNITED METHODIST CHURCH 1801 BEN KING RD. KENNESAW GA 30144	58-0975001	3	19,000				RELIGION
(5)	KINGDOM FIRE MINISTRIES 29030 FIRTHRIDGE ROAD RANCHO PALOS VERDES CA 90275	82-0754910	3	6,000				RELIGION
(6)	LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30501	58-1077096	3	52,000				EDUCATION
(7)	LAKWOOD BAPTIST CHURCH 2235 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	58-0673190	3	16,100				RELIGION
(8)	LANIER TECHNICAL COLLEGE FOUNDATION 2535 LANIER TECH DRIVE GAINESVILLE GA 30507	58-1688866	3	25,000				SOCIAL SERVICES
(9)	LEKOTEK OF GEORGIA, INC. 1901 MONTREAL ROAD TUCKER GA 30084	58-1535266	3	7,500				SOCIAL SERVICES

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(1)	LUMPKIN COALITION 3865 DAWSONVILLE HWY. DAHLONEGA GA 30533	71-0986338	3	6,000				SOCIAL SERVICES
(2)	LUMPKIN COUNTY HIGH SCHOOL 2001 INDIAN DRIVE DAHLONEGA GA 30533	58-6000281	GOV	278,540				EDUCATION
(3)	MENTOR ME - NORTH GEORGIA INC. PO BOX 2053 CUMMING GA 30028	26-2202642	3	23,000				SOCIAL SERVICES
(4)	MILLIKIN UNIVERSITY 1184 W. MAIN STREET DECATUR IL 62522	37-0706154	3	7,000				SOCIAL SERVICES
(5)	MOSSY CREEK ELEMENTARY SCHOOL 128 HORACE FITZPATRICK DRIVE CLEVELAND GA 30528	58-6000346	3	43,333				RELIGION
(6)	MY SISTER'S PLACE PO BOX 908492 GAINESVILLE GA 30503	16-1619238	3	5,800				SOCIAL SERVICES
(7)	NATURE CONSERVANCY 100 PEACHTREE STREET, NW, SUITE2250 ATLANTA GA 30303	53-0242652	3	8,150				SOCIAL SERVICES
(8)	NEW HOPE BAPTIST CHURCH 5040 PEA RIDGE RD. CORNELIA GA 30531	58-1539199	3	10,000				RELIGION
(9)	NEW POINT CHURCH 2150 ANTIOCH ROAD CUMMING GA 30040	32-0366359	3	10,000				RELIGION

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(1)	NORCROSS COOPERATIVE MINISTRY PO BOX 1489 NORCROSS GA 30071	58-1792414	3	25,000				SOCIAL SERVICES
(2)	NORTHEAST GEORGIA HEALTH SYSTEM FOU 2150 LIMESTONE PARKWAY, SUITE 115 GAINESVILLE GA 30501	58-1694820	3	144,840				SOCIAL SERVICES
(3)	NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE GA 30503-1451	58-1443900	3	277,850				SOCIAL SERVICES
(4)	NORTH FORSYTH HIGH SCHOOL 3635 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	11,000				EDUCATION
(5)	NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL GA 30076	58-1521088	3	5,027				EDUCATION
(6)	NORTH GEORGIA TECHNICAL COLLEGE PO BOX 65 CLARKESVILLE GA 30523	20-1926910	GOV	25,000				EDUCATION
(7)	NORTH HALL HIGH SCHOOL 4885 MT. VERNON ROAD GAINESVILLE GA 30506	58-6000256	GOV	38,800				EDUCATION
(8)	NORTH HALL WRESTLING CLUB 4885 MT. VERNON ROAD GAINESVILLE GA 30506	46-5566271	3	25,000				SOCIAL SERVICES
(9)	OFF THE CHAIN USA INC. P.O. BOX 901 BRASELTON GA 30517	82-4502664	3	5,036				SOCIAL SERVICES

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(1)	OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA GA 30577	20-3296577	3	10,000				SOCIAL SERVICES
(2)	PARK CITY COMMUNITY CHURCH 4501 N. HWY 224 PARK CITY UT 84098	87-0395038	3	6,450				RELIGION
(3)	PEACE OFFICERS ASSOCIATION OF GEORGIA PO BOX 1040 REIDSVILLE GA 30453	46-0538027	3	5,500				SOCIAL SERVICES
(4)	PEACHTREE PRESBYTERIAN PRESCHOOL, INC. 3434 ROSWELL ROAD ATLANTA GA 30305	52-2031566	3	8,000				RELIGION
(5)	PICKENS COUNTY SCHOOL SYSTEM 100 D.B. CARROLL STREET JASPER GA 30143	58-6000301	GOV	7,000				EDUCATION
(6)	PTSD FOUNDATION OF AMERICA 615 OAK STREET GAINESVILLE GA 30501	20-3864341	3	15,000				SOCIAL SERVICES
(7)	QUINLAN VISUAL ARTS CENTER 514 GREEN STREET, NE GAINESVILLE GA 30501	58-6040517	3	5,800				ARTS AND CULTURE
(8)	RABUN GAP - NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP GA 30568	58-0593430	3	6,165				EDUCATION
(9)	RABUN GAP PRESBYTERIAN CHURCH PO BOX 333 RABUN GAP GA 30568	58-1554588	3	20,000				RELIGION

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(1)	RAPE RESPONSE, INC. PO BOX 2883 GAINESVILLE GA 30503	58-1788134	3	5,500				SOCIAL SERVICES
(2)	RIVERSIDE MILITARY ACADEMY 2001 RIVERSIDE DRIVE, NE GAINESVILLE GA 30501	58-0616994	3	56,000				SOCIAL SERVICES
(3)	SACRED ROOTS FARM INC. PO BOX 3143 GAINESVILLE GA 30503	81-1212039	3	5,100				SOCIAL SERVICES
(4)	SALVATION ARMY - GAINESVILLE 681 DORSEY STREET GAINESVILLE GA 30501	13-5562351	3	20,500				SOCIAL SERVICES
(5)	SAUTEE NACOCHEE COMMUNITY ASSOCIAT PO BOX 460 SAUTEE NACOCHEE GA 30571	58-1655784	3	131,093				SOCIAL SERVICES
(6)	SAWNEE ASSOCIATION OF THE ARTS, INC 111 PILGRIM MILL ROAD CUMMING GA 30040	58-1562321	3	6,850				SOCIAL SERVICES
(7)	SAWNEE BALLET THEATRE INC. 433 CANTON HIGHWAY CUMMING GA 30040	58-2006008	3	15,500				ARTS AND CULTURE
(8)	SERVE TO SERVE INTERNATIONAL INC. PO BOX 2939 CUMMING GA 30028	80-0550218	3	6,000				SOCIAL SERVICES
(9)	SHARING GODS LIGHT INC 4668 QUAILWOOD DRIVE FLOWERY BRANCH GA 30542	04-3624275	3	8,000				RELIGION

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(1)	SID WEBER MEMORIAL CANCER FUND PO BOX 485 RABUN GAP GA 30568	20-2394931	3	26,500				SOCIAL SERVICES
(2)	SISU PO BOX 5758 GAINESVILLE GA 30504	58-1622732	3	63,500				SOCIAL SERVICES
(3)	ST. JOHN BAPTIST CHURCH, INC. PO BOX 623 GAINESVILLE GA 30503-0623	58-2320878	3	7,000				RELIGION
(4)	STRAIGHT STREET REVOLUTION MINISTRI 2145 CENTENNIAL DRIVE GAINESVILLE GA 30504	27-3193902	3	16,000				RELIGION
(5)	ST. VINCENT DE PAUL 1440 PEARCE CIRCLE GAINESVILLE GA 30501	58-0967972	3	40,000				RELIGION
(6)	TETON VALLEY COMMUNITY ANIMAL SHELTER P.O. BOX 1507 DRIGGS ID 83422	26-3907374	3	10,000				SOCIAL SERVICES
(7)	THE HAMBIDGE CENTER FOR CREATIVE ARTS PO BOX 339 RABUN GAP GA 30568-0339	58-6001278	3	27,871				ARTS AND CULTURE
(8)	THE PATH PROJECT PO BOX 1659 LAWRENCEVILLE GA 30046	45-3861248	3	6,875				SOCIAL SERVICES
(9)	THE PLACE OF FORSYTH COUNTY 2550 THE PLACE CIRCLE CUMMING GA 30040	58-2355072	3	46,000				SOCIAL SERVICES

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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 SALVATION ARMY OF TOCCOA 306 E. FRANKLIN STREET TOCCOA GA 30577	58-0660607	3	9,000				SOCIAL SERVICES
(2)	THE TORCH WORSHIP CENTER 800 CANNON BRIDGE ROAD DEMOREST GA 30535	58-1552932	3	25,000				RELIGION
(3)	TREASURE CAY COMMUNITY FOUNDATION, 990 OLD DIXIE HWY. SUITE 14 WEST PALM BEACH FL 33403	20-1411118	3	10,000				SOCIAL SERVICES
(4)	TRINITY SCHOOL OFFICE OF ADVANCEMENT ATLANTA GA 30327	58-1197585	3	12,000				EDUCATION
(5)	TRINITY UNITED METHODIST CHURCH P. O. BOX 100 CLERMONT GA 30527	82-3398208	3	70,000				RELIGION
(6)	UGA FOUNDATION 110 CARLTON STREET, G2B ADERHOLD HA ATHENS GA 30602	58-6033837	3	51,000				SOCIAL SERVICES
(7)	UNITED CEREBRAL PALSY OF GEORGIA 3300 NORTHEAST EXPY., NE, BLDG. 9 ATLANTA GA 30341	58-0976462	3	6,000				SOCIAL SERVICES
(8)	UNITED WAY OF FORSYTH COUNTY, INC. PO BOX 1350 CUMMING GA 30028	58-1925396	3	56,500				SOCIAL SERVICES
(9)	UNITED WAY OF HALL COUNTY PO BOX 2656 GAINESVILLE GA 30503	58-6011393	3	105,500				SOCIAL SERVICES

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

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

Schedule I (Form 990) (2020)

**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

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Employer identification number
58-1610318

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)	UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA GA 30597	58-6002060	3	2,230,000				SOCIAL SERVICES
(2)	UNIVERSITY OF NORTH GEORGIA FOUNDATION PO BOX 1599 DAHLONEGA GA 30533	23-7066297	3	1,107,175				SOCIAL SERVICES
(3)	UNIVERSITY SYSTEM OF GEORGIA FOUNDATION 2082 EAST EXCHANGE PLACE TUCKER GA 30084	58-6333106	3	20,000				SOCIAL SERVICES
(4)	WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD. SAINT LOUIS MO 63105	43-0653611	3	25,000				SOCIAL SERVICES
(5)	WHISPERING ANGELS YOUTH RANCH 4549 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	47-1406367	3	35,968				SOCIAL SERVICES
(6)	WHITE COUNTY MIDDLE SCHOOL 283 OLD BLAIRSVILLE RD. CLEVELAND GA 30528	58-6000346	3	43,333				EDUCATION
(7)	YOUNG HARRIS COLLEGE PO BOX 247 YOUNG HARRIS GA 30582	58-0593414	3	30,000				EDUCATION
(8)	TOTAL UNDER \$5000			1,996,906				
(9)								

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

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

Schedule I (Form 990) (2020)

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	195	383,000			
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

**SCHEDULE I
(Form 990)****Supplemental Information****2020**

For calendar year 2020, or tax year beginning , and ending

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

58-1610318**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

**SCHEDULE I
(Form 990)****Supplemental Information****2020**

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58-1610318

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.

**SCHEDULE I
(Form 990)****Supplemental Information****2020**

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58-1610318

*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

SCHEDULE I
(Form 990)

Supplemental Information

2020

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Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION,
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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

**SCHEDULE I
(Form 990)****Supplemental Information****2020**

For calendar year 2020, or tax year beginning , and ending

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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.

**SCHEDULE I
(Form 990)****Supplemental Information****2020**

For calendar year 2020, or tax year beginning , and ending

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
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58-1610318

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.

**SCHEDULE I
(Form 990)****Supplemental Information****2020**

For calendar year 2020, or tax year beginning , and ending

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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.

**SCHEDULE I
(Form 990)**

Supplemental Information

2020

For calendar year 2020, or tax year beginning , and ending

Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION,
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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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number

58-1610318

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHELLE PRATER 1 PRESIDENT - CEO	(i)	158,124	0	0	9,015	12,945	180,084	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-1610318

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	24	4,773,690	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

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

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2020**Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**Employer identification number
58-1610318

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,

58-1610318

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

ASC 958 UNREALIZED \$ 1,699,879

ASC 958 REALIZED \$ 584,105

TOTAL \$ 2,283,984

Filing Instructions

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2020

Date Due: November 15, 2021

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/20 shows a total overpayment of \$2,763, all of which is to be credited to your estimated tax liability for the coming year.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Rushton & Company, LLC
P.O. Box 2917
Gainesville, GA 30503

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____
 ▶ Go to 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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH GEORGIA COMMUNITY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 615 F OAK STREET NW</p> <p>City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE GA 30501</p>	<p>D Employer identification number 58-1610318</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 106,802,389</p>		<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p> <p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p> <p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p> <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶</p> <p>L The books are in care of ▶ LISA WARWICK Telephone number ▶ 770-535-7880</p>	

Part I Total Unrelated Business Taxable income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	185,306
2 Reserved	2	
3 Add lines 1 and 2	3	185,306
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	185,306
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	185,306
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	184,306

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	38,704
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	38,704

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		38,704
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		38,704
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6a	Payments: A 2019 overpayment credited to 2020	6a	678	
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	40,851	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		41,529
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8		62
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		2,763
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax 2,763 Refunded	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here 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: _____ Date: _____ Title: **PRESIDENT - CEO**

Paid Preparer Use Only

Print/Type preparer's name: **J. CHRIS HOLLIFIELD** Preparer's signature: **J. CHRIS HOLLIFIELD** Date: _____ Check if self-employed PTIN: **P00939610**

Firm's name: **RUSHTON & COMPANY, LLC** Firm's EIN: **58-2282374**

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 below (see instructions)? Yes No

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

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

▶ Go to 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).

Department of the Treasury
Internal Revenue Service

A Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION,	B Employer identification number 58-1610318
C Unrelated Business Activity Code (see instructions) ▶ 561000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>285,733</u>			
b Less returns and allowances _____ c Balance ▶	1c 285,733		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 285,733		285,733
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnership and S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 285,733		285,733

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			31,625
2 Salaries and wages	2			43,444
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			5,723
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	0
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 1	14			19,635
15 Total deductions. Add lines 1 through 14	15			100,427
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			185,306
17 Deduction for net operating loss (see instructions)	17			
18 Unrelated business taxable income. Subtract line 17 from line 16	18			185,306

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 5: Total deductions. Columns A, B, C, D.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-7: Gross income, deductions, and average acquisition debt. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.
Enter here and on Part I, line 8, column (A)

Add columns 6 and 11.
Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2.
Enter here and on Part I, line 9, column (A)

Add amounts in column 5.
Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with checkboxes A, B, C, D for reporting periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for advertising income, costs, and gains.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Large area for supplemental information with horizontal lines.

Federal Statements

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 250
COMPUTER MAINT	17,105
OTHER FACILITIES COST	<u>2,280</u>
TOTAL	<u>\$ 19,635</u>

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to the corporation's tax return.**
▶ **Go to www.irs.gov/Form2220 for instructions and the latest information.**

Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number 58-1610318
--	---

Note: Generally, the corporation is not 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	38,704
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 Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	38,704
4 Enter the tax shown on the corporation's 2019 income tax return. See instructions. 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		4	41,529
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	38,704

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 does not 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 Installment due dates. 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. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	07/15/20	07/15/20	09/15/20	12/15/20
10 Required installments. 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	9,676	9,676	9,676	9,676
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	678	20,087		20,764
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12			1,413	
13 Add lines 11 and 12	13		20,087	1,413	20,764
14 Add amounts on lines 16 and 17 of the preceding column	14		8,998		8,263
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	678	11,089	1,413	12,501
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17 Underpayment. 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	8,998	0	8,263	0
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18		1,413		

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** (2020)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(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.)</i> See instructions	19	SEE WORKSHEET		
20	Number of days from due date of installment on line 9 to the date shown on line 19	20			
21	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 5% (0.05)	22	\$	\$	\$
23	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 3% (0.03)	24	\$	\$	\$
25	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26	Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 3% (0.03)	26	\$	\$	\$
27	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	28	\$	\$	\$
29	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$	\$
31	Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32	Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x *%	32	\$	\$	\$
33	Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34	Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x *%	34	\$	\$	\$
35	Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36	Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	36	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns			38	\$ 62

*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. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

Form **2220**

2020

For calendar year 2020, or tax year beginning _____, and ending _____

Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer Identification Number 58-1610318
---	---

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>07/15/20</u>	<u>07/15/20</u>	<u>09/15/20</u>	<u>12/15/20</u>
Amount of underpayment	<u>8,998</u>	_____	<u>8,263</u>	_____

Prior year overpayment applied 678

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	<u>07/15/20</u>	_____	<u>12/15/20</u>	_____
Amount of payment	_____	<u>20,087</u>	_____	<u>20,764</u>	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
3	9/15/20	12/15/20	8,263	91	3.00	62
TOTAL PENALTY						62

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Identifying number 58-1610318
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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	1,040,000
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	2,590,000
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 smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 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 2021. 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	49,002

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 2020	17	52
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 type="checkbox"/>	

Section B—Assets Placed in Service During 2020 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. 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	49,054
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.

58-1610318

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605			X	802	10	MQ200DB	1,349	52
			<u>1,605</u>				<u>802</u>			<u>1,349</u>	<u>52</u>
Other Depreciation:											
9	BOARD ROOM FURNITURE Mass Sale: 12/31/20	6/28/99	9,463				9,463	10	MO S/L	9,463	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	228,237	12,172
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877				559,877	40	MO S/L	253,111	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
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	48,750	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695				26,695	40	MO S/L	12,068	668
37	CONFERENCE PHONE Mass Sale: 12/31/20	11/30/03	541				541	5	MO S/L	541	0
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	229,273	17,525
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456				1,456	40	MO S/L	434	36
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325				9,325	15	MO S/L	6,942	622
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800				8,800	15	MO S/L	6,600	587
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850				15,850	40	MO S/L	4,392	396
71	HEAT PUMP - INDOOR	2/09/12	2,000				2,000	10	MO S/L	1,583	200
72	HEAT PUMP - OUTDOOR	2/09/12	2,000				2,000	10	MO S/L	1,583	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 Mass Sale: 12/31/20	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 Mass Sale: 12/31/20	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
86	HP LAPTOP - MEGAN Mass Sale: 12/31/20	11/09/15	0				0	0	HY	0	0
87	75" SAMSUNG LED FLAT SCREEN SM	12/08/15	0				0	0	HY	0	0
88	55" SAMSUNG LED FLAT SCREEN SM	12/08/15	0				0	0	HY	0	0
89	55" SAMSUNG LED FLAT SCREEN SM	12/08/15	0				0	0	HY	0	0
90	HP LAPTOP, DOCKING STATION, MON Mass Sale: 12/31/20	10/01/15	0				0	0	HY	0	0
91	SPECTRUM WEB SYSTEM ENTERPRIS	4/01/15	0				0	0	HY	0	0
93	SONICWALL FIREWALL TZ 300 UTM D	3/02/16	0				0	0	HY	0	0
94	HP PROBOOK 650 LAPTOP - MARGAU Mass Sale: 12/31/20	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 Mass Sale: 12/31/20	11/09/17	0				0	0	HY	0	0
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/17	0				0	0	HY	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP S	2/05/18	0				0	0	HY	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH B	4/10/18	0				0	0	HY	0	0
104	PAXTON ACCESS CONTROL AND PAN	10/31/18	0				0	0	HY	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0				0	0	HY	0	0
106	CONCRETE DRIVEWAY IMPROVEMEN	11/30/18	0				0	0	HY	0	0
107	Website Design	4/01/18	0				0	0	HY	0	0
108	DELL POWEREDGE SERVER	5/30/19	0				0	0	HY	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0				0	0	HY	0	0
110	SUITE A REMODEL	5/30/19	0				0	0	HY	0	0
111	NEW ROOF	5/17/19	0				0	0	HY	0	0

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
112	VIDEOCONFERENCING SYSTEMS FOR	10/21/20	0			0	0 HY	0	0
113	TRAINING TABLE	11/26/20	0			0	0 HY	0	0
Total Other Depreciation			<u>2,528,735</u>			<u>2,528,735</u>		<u>829,647</u>	<u>49,003</u>
Total ACRS and Other Depreciation			<u>2,528,735</u>			<u>2,528,735</u>		<u>829,647</u>	<u>49,003</u>
Grand Totals			2,530,340			2,529,537		830,996	49,055
Less: Dispositions and Transfers			10,004			10,004		10,004	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>2,520,336</u>			<u>2,519,533</u>		<u>820,992</u>	<u>49,055</u>

58-1610318

GA Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Prior MACRS:								
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	1,605	1,092	105	52	-53
			<u>1,605</u>	<u>1,605</u>	<u>1,092</u>	<u>105</u>	<u>52</u>	<u>-53</u>
Other Depreciation:								
9	BOARD ROOM FURNITURE Mass Sale: 12/31/20	6/28/99	9,463	9,463	9,463	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	228,237	12,172	12,172	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	559,877	253,111	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
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	48,750	2,600	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	26,695	12,068	668	668	0
37	CONFERENCE PHONE Mass Sale: 12/31/20	11/30/03	541	541	541	0	0	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	229,273	17,525	17,525	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	1,456	434	36	36	0
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325	9,325	6,942	622	622	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800	8,800	6,600	587	587	0
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850	15,850	4,392	396	396	0
71	HEAT PUMP - INDOOR	2/09/12	2,000	2,000	1,583	200	200	0
72	HEAT PUMP - OUTDOOR	2/09/12	2,000	2,000	1,583	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 Mass Sale: 12/31/20	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 Mass Sale: 12/31/20	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
86	HP LAPTOP - MEGAN Mass Sale: 12/31/20	11/09/15	0	0	0	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SM/	12/08/15	0	0	0	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SM/	12/08/15	0	0	0	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SM/	12/08/15	0	0	0	0	0	0
90	HP LAPTOP, DOCKING STATION, MON Mass Sale: 12/31/20	10/01/15	0	0	0	0	0	0
91	SPECTRUM WEB SYSTEM ENTERPRIS	4/01/15	0	0	0	0	0	0
93	SONICWALL FIREWALL TZ 300 UTM D	3/02/16	0	0	0	0	0	0
94	HP PROBOOK 650 LAPTOP - MARGAU Mass Sale: 12/31/20	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 Mass Sale: 12/31/20	11/09/17	0	0	0	0	0	0
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/17	0	0	0	0	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP S	2/05/18	0	0	0	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH B/	4/10/18	0	0	0	0	0	0
104	PAXTON ACCESS CONTROL AND PAN	10/31/18	0	0	0	0	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0	0	0	0	0	0
106	CONCRETE DRIVEWAY IMPROVEMEN	11/30/18	0	0	0	0	0	0
107	Website Design	4/01/18	0	0	0	0	0	0
108	DELL POWEREDGE SERVER	5/30/19	0	0	0	0	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0	0	0	0	0	0
110	SUITE A REMODEL	5/30/19	0	0	0	0	0	0
111	NEW ROOF	5/17/19	0	0	0	0	0	0

GA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
112	VIDEOCONFERENCING SYSTEMS FOR	10/21/20	0	0	0	0	0	0
113	TRAINING TABLE	11/26/20	0	0	0	0	0	0
Total Other Depreciation			<u>2,528,735</u>	<u>2,528,735</u>	<u>829,647</u>	<u>49,003</u>	<u>49,003</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,528,735</u>	<u>2,528,735</u>	<u>829,647</u>	<u>49,003</u>	<u>49,003</u>	<u>0</u>
Grand Totals			2,530,340	2,530,340	830,739	49,108	49,055	-53
Less: Dispositions			10,004	10,004	10,004	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,520,336</u>	<u>2,520,336</u>	<u>820,735</u>	<u>49,108</u>	<u>49,055</u>	<u>-53</u>

Bonus Depreciation Report

Form 990, Page 1

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

Depreciation Adjustment Report

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						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	53	0
			<u>1,605</u>	<u>53</u>	<u>0</u>
Other Depreciation:					
15	LAND - 611 OAK ST	3/26/01	94,292	0	0
16	LAND - 615 OAK ST	3/26/01	142,046	0	0
17	BUILDING - 615 A-E OAK ST PURCHASE	3/26/01	486,905	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	13,997	0
24	GRADING - 615 OAK ST	12/14/01	3,770	0	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	0	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	667	0
45	4 DRAWER LEGAL FIRE KING FILES	2/27/06	1,528	0	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	17,524	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	37	0
64	UPPER PARKING LOT DRAINAGE PROJECT	10/27/08	9,325	621	0
65	PATH TO OVERFLOW PARKING LOT PROJ	10/09/08	8,800	586	0
66	PRESSURE GROUTING/FLOOR LEVELING 1	12/08/08	15,850	396	0
71	HEAT PUMP - INDOOR	2/09/12	2,000	200	0
72	HEAT PUMP - OUTDOOR	2/09/12	2,000	200	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0	0
80	HP Laser Jet P3015 Printer	2/18/14	0	0	0
81	HP Laser Jet Printer P3015N	12/23/14	0	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SUITE 506	5/06/15	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SMART TV	2/08/15	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SMART TV	2/08/15	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SMART TV	2/08/15	0	0	0
91	SPECTRUM WEB SYSTEM ENTERPRISE	4/01/15	0	0	0
93	SONICWALL FIREWALL TZ 300 UTM DEVICE	3/02/16	0	0	0
95	2017 RENOVATION PROJECT	12/04/17	0	0	0
96	PARKING LOT PAVING	12/04/17	0	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGERAT	12/04/17	0	0	0
98	BROWN SOFA	1/18/17	0	0	0
99	55" SAMSUNG SMART TV	10/03/17	0	0	0
101	CLEARVIEW CAMERA SYSTEM WITH 8 CA	12/12/17	0	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP SYSTEM	2/05/18	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTERY	4/10/18	0	0	0
104	PAXTON ACCESS CONTROL AND PANIC S	10/31/18	0	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0	0	0
106	CONCRETE DRIVEWAY IMPROVEMENTS	11/30/18	0	0	0
107	Website Design	4/01/18	0	0	0
108	DELL POWEREDGE SERVER	5/30/19	0	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0	0	0
110	SUITE A REMODEL	5/30/19	0	0	0
111	NEW ROOF	5/17/19	0	0	0
112	VIDEOCONFERENCING SYSTEMS FOR FO	10/21/20	0	0	0
113	TRAINING TABLE	11/26/20	0	0	0
	Total Other Depreciation		<u>2,518,731</u>	<u>49,001</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>2,518,731</u>	<u>49,001</u>	<u>0</u>
	Grand Totals		<u>2,520,336</u>	<u>49,054</u>	<u>0</u>

Asset	Description	Date In Service	Cost	GA
Prior MACRS:				
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	106
			<u>1,605</u>	<u>106</u>
Other Depreciation:				
15	LAND - 611 OAK ST	3/26/01	94,292	0
16	LAND - 615 OAK ST	3/26/01	142,046	0
17	BUILDING - 615 A-E OAK ST PURCHASE	3/26/01	486,905	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	13,997
24	GRADING - 615 OAK ST	12/14/01	3,770	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	667
45	4 DRAWER LEGAL FIRE KING FILES	2/27/06	1,528	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	17,524
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	37
64	UPPER PARKING LOT DRAINAGE PROJECT	10/27/08	9,325	621
65	PATH TO OVERFLOW PARKING LOT PROJ	10/09/08	8,800	586
66	PRESSURE GROUTING/FLOOR LEVELING 1	12/08/08	15,850	396
71	HEAT PUMP - INDOOR	2/09/12	2,000	200
72	HEAT PUMP - OUTDOOR	2/09/12	2,000	200
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0
80	HP Laser Jet P3015 Printer	2/18/14	0	0
81	HP Laser Jet Printer P3015N	12/23/14	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SUITE D	5/06/15	0	0
87	75" SAMSUNG LED FLAT SCREEN SMART TV	2/08/15	0	0
88	55" SAMSUNG LED FLAT SCREEN SMART TV	2/08/15	0	0
89	55" SAMSUNG LED FLAT SCREEN SMART TV	2/08/15	0	0
91	SPECTRUM WEB SYSTEM ENTERPRISE	4/01/15	0	0
93	SONICWALL FIREWALL TZ 300 UTM DEVICE	3/02/16	0	0
95	2017 RENOVATION PROJECT	12/04/17	0	0
96	PARKING LOT PAVING	12/04/17	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGERAT	12/04/17	0	0
98	BROWN SOFA	1/18/17	0	0
99	55" SAMSUNG SMART TV	10/03/17	0	0
101	CLEARVIEW CAMERA SYSTEM WITH 8 CA	12/12/17	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP SYSTEM	2/05/18	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTERY	4/10/18	0	0
104	PAXTON ACCESS CONTROL AND PANIC S	10/31/18	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0	0
106	CONCRETE DRIVEWAY IMPROVEMENTS	11/30/18	0	0
107	Website Design	4/01/18	0	0
108	DELL POWEREDGE SERVER	5/30/19	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0	0
110	SUITE A REMODEL	5/30/19	0	0
111	NEW ROOF	5/17/19	0	0
112	VIDEOCONFERENCING SYSTEMS FOR FO	10/21/20	0	0
113	TRAINING TABLE	11/26/20	0	0
	Total Other Depreciation		<u>2,518,731</u>	<u>49,001</u>
	Total ACRS and Other Depreciation		<u>2,518,731</u>	<u>49,001</u>
	Grand Totals		<u>2,520,336</u>	<u>49,107</u>

Form **990**

Event Income and Deduction Worksheet

2020

Description **DANCING FOR A CAUSE**

Name
NORTH GEORGIA COMMUNITY FOUNDATION,

Taxpayer Identification Number
58-1610318

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales **1.** _____
- 2. Advertising income **2.** _____
- 3. Circulation income **3.** _____
- 4. Other income **4.** _____
- 5. Returns and allowances **5.** _____
- 6. Contributions received **6.** _____
- 7. **Total revenue.** Add lines 1 through 6 **7.** _____
- 8. Cost of Goods Sold **8.** _____
- 9. Employment Expense **9.** _____
- 10. Fees for services **10.** _____
- 11. Indirect Expense **11.** _____
- 12. Depreciation Expense **12.** _____
- 13. Exempt Activity Expense **13.** _____
- 14. Fundraising Expense **14.** _____
- 15. **Total expenses.** Add lines 8 through 14 **15.** _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 **16.** _____

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Description FORSYTH BYOT FUND		

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>8,750</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>8,750</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>15,582</u>
15. Total expenses. Add lines 8 through 14	15.	<u>15,582</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>-6,832</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>15,582</u>
Total Fundraising Expense	<u>15,582</u>

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>285,733</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>285,733</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>285,733</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description WE CARE FUND		

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description MISCELLANEOUS		

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>18,336</u>	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.	<u>18,336</u>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	<u>37,568</u>	
15. Total expenses. Add lines 8 through 14	15.	<u>37,568</u>	
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>-19,232</u>	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	<u>37,568</u>
Total Fundraising Expense	<u>37,568</u>

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>19,225</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>19,225</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	<u>29,121</u>
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	<u>29,121</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>-9,896</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	<u>29,121</u>
Total Exempt Activity Expense	<u>29,121</u>

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990**

Event Income and Deduction Worksheet
Description **SPRING CHICKEN FESTIVAL**

2020

Name
NORTH GEORGIA COMMUNITY FOUNDATION,

Taxpayer Identification Number
58-1610318

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>15,000</u>
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	<u>15,000</u>
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>15,000</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990-W**

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations
(and on Investment Income for Private Foundations)

OMB No. 1545-0047

(Worksheet)

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

2021

1	Unrelated business taxable income expected in the tax year	1	184,306
2	Tax on the amount on line 1. See instructions for tax computation	2	38,704
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	38,704
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	38,704
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	38,704
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	38,704
b	Enter the tax shown on the 2020 return. See instructions. Caution: 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	38,704
c	2021 Estimated Tax. 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	38,704

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/15/21	06/15/21	09/15/21	12/15/21
12	Required installments. 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	10,381	8,971	9,676	9,676
13	2020 Overpayment. See instructions	13	10,381	2,763		
14	Payment due (Subtract line 13 from line 12)	14		6,208	9,676	9,676

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

*** LINE 12 QTR 1 ESTIMATES ARE REDUCED BY AN ADDITIONAL PAYMENT**

Form 990-T	Business Income Activity Summary	2020
-------------------	---	-------------

Name NORTH GEORGIA COMMUNITY FOUNDATION,	Taxpayer Identification Number 58-1610318
--	---

Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|--------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | N/A A. _____ |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | E. _____ |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. _____ |
| G. Pre-2018 Net Operating Losses Carried Forward | G. _____ |

	Code	Net Income	Allocated Pre2018 NOL
1. UNRELATED BUSINESS ACTIVITY	561000	1. 185,306	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. _____		5. _____	
6. _____		6. _____	
7. _____		7. _____	
8. _____		8. _____	
9. _____		9. _____	
10. _____		10. _____	
11. _____		11. _____	
12. _____		12. _____	
13. _____		13. _____	
14. _____		14. _____	
15. All other revenue		15. _____	
16. Total taxable income		16. 185,306	

Business Activity Losses

	Code	Current Year Loss
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. _____

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

Fundraising Other Events

2020

For calendar year 2020, or tax year beginning , and ending

Name

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer Identification Number

58-1610318

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>FORSYTH BYOT FU</u>	_____	_____	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	8,750			8,750
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	8,750			8,750
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	15,582			15,582

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Taxpayer Identification Number

58-1610318

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	13,453,493	24,584,752	11,131,259
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	648,866	691,121	42,255
	5. Investment income	3,228,621	2,101,247	-1,127,374
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	1,187,526	2,332,692	1,145,166
	8. Net income or (loss) from fundraising events	278,797	-20,960	-299,757
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	18,797,303	29,688,852	10,891,549
Expenses	13. Grants and similar amounts paid	15,964,250	11,698,837	-4,265,413
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	140,250	158,124	17,874
	16. Salaries, other compensation, and employee benefits	534,736	685,469	150,733
	17. Professional fundraising fees			
	18. Other professional fees	83,887	44,843	-39,044
	19. Occupancy, rent, utilities, and maintenance	72,361	102,889	30,528
	20. Depreciation and Depletion	77,904	73,548	-4,356
	21. Other expenses	714,777	507,363	-207,414
	22. Total expenses. Add lines 13 through 21	17,588,165	13,271,073	-4,317,092
	23. Excess or (Deficit). Subtract line 22 from line 12	1,209,138	16,417,779	15,208,641
Other Information	24. Total exempt revenue	18,797,303	29,688,852	10,891,549
	25. Total unrelated revenue	287,471	285,733	-1,738
	26. Total excludable revenue	5,014,775	4,820,095	-194,680
	27. Total assets	77,237,160	106,802,389	29,565,229
	28. Total liabilities	874,355	5,027,036	4,152,681
	29. Retained earnings	76,362,805	101,775,353	25,412,548
	30. Number of voting members of governing body	23	26	
	31. Number of independent voting members of governing body	23	26	
	32. Number of employees	9	10	
	33. Number of volunteers	30	25	

Form **990T****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Taxpayer Identification Number

58-1610318

		2019	2020	Differences
Revenue	1. Gross profit/loss on business activities	1. 287,471	285,733	-1,738
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11. 287,471	285,733	-1,738
Expenses	12. Compensation of officers, directors, and trustees	12. 21,038	31,625	10,587
	13. Other salaries and wages	13. 39,328	43,444	4,116
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17. 4,829	5,723	894
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21. 1,493		-1,493
	22. Other deductions	22. 22,025	19,635	-2,390
	23. Total deductions. Add lines 12 through 22	23. 88,713	100,427	11,714
24. Net income (990T/first activity); Subtract line 23 from 11	24. 198,758	185,306	-13,452	
25. Number of unrelated business activities for this return	25. 1	1		
26. Unrelated business taxable income from all trades	26. 198,758	185,306	-13,452	
27. Disallowed employee fringe benefits	27.			
28. Charitable contributions	28.			
29. Taxable income before NOL loss	29. 198,758	185,306	-13,452	
30. Net operating loss (pre-2018)	30.			
31. Specific deduction	31. 1,000	1,000		
32. Unrelated business taxable income.	32. 197,758	184,306	-13,452	
Tax & Credits	33. Income tax (corporate or trust)	33. 41,529	38,704	-2,825
	34. Proxy tax	34.		
	35. Other taxes	35.		
	36. Total taxes	36. 41,529	38,704	-2,825
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	40. Total credits	40.		
	41. Net tax after credits	41. 41,529	38,704	-2,825
	42. Recapture taxes and 965 tax	42.		
	43. Total Taxes	43. 41,529	38,704	-2,825
Due/Refund	44. Prior year overpayment and estimated tax payments	44. 42,207	41,529	-678
	45. Payment made with extension	45.		
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	48. Total payments	48. 42,207	41,529	-678
	49. Balance due/(Overpayment)	49. -678	-2,825	-2,147
	50. Overpayment applied to next year	50. 678	2,763	2,085
	51. Penalties	51.	62	62
	52. Total due/(Refund)	52.		

Form **SchM****Two Year Comparison for Unrelated Business Activity****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Organization Name

NORTH GEORGIA COMMUNITY FOUNDATION,

Taxpayer Identification Number

58-1610318Unincorporated Business Income Tax Code: **561000** Activity: **UNRELATED BUSINESS ACTIVITY**

		2019	2020	Differences	
Revenue	1. Gross profit/loss on business activities	1. 287,471	285,733	-1,738	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	287,471	285,733	-1,738
Expenses	12. Compensation of officers, directors, and trustees	12. 21,038	31,625	10,587	
	13. Other salaries and wages	13. 39,328	43,444	4,116	
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17. 4,829	5,723	894	
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20. 1,493		-1,493	
	21. Other deductions	21. 22,025	19,635	-2,390	
	22. Total deductions. Add lines 12 through 22	22.	88,713	100,427	11,714
	23. Taxable income before deductions. Subtract line 23 from 11	23.	198,758	185,306	-13,452
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	198,758	185,306	-13,452

Form 990	Tax Return History	2020
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.		Employer Identification Number 58-1610318

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	9,062,272	11,596,086	17,374,634	13,453,493	24,584,752	
Membership dues						
Program service revenue	461,552	428,885	570,298	648,866	691,121	
Capital gain or loss	1,785,451	158,598	578,086	1,187,526	2,332,692	
Investment income	374,028	2,465,175	3,949,563	3,228,621	2,101,247	
Fundraising revenue (income/loss)	-38,068	-37,724	-30,807	278,797	-20,960	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	11,645,235	14,611,020	22,441,774	18,797,303	29,688,852	
Grants and similar amounts paid	6,295,879	8,311,404	7,133,948	15,964,250	11,698,837	
Benefits paid to or for members						
Compensation of officers, etc.	115,782	123,146	139,605	140,250	158,124	
Other compensation	384,463	302,961	371,078	534,736	685,469	
Professional fees	44,574	50,481	43,032	83,887	44,843	
Occupancy costs	56,030	73,025	66,769	72,361	102,889	
Depreciation and depletion	65,791	65,454	72,872	77,904	73,548	
Other expenses	349,128	533,362	570,631	714,777	507,363	
Total expenses	7,311,647	9,459,833	8,397,935	17,588,165	13,271,073	
Excess or (Deficit)	4,333,588	5,151,187	14,043,839	1,209,138	16,417,779	
Total exempt revenue	11,645,235	14,611,020	22,441,774	18,797,303	29,688,852	
Total unrelated revenue	211,751	230,847	271,854	287,471	285,733	
Total excludable revenue	2,380,115	2,787,534	4,794,184	5,014,775	4,820,095	
Total Assets	50,915,319	60,952,112	68,333,072	77,237,160	106,802,389	
Total Liabilities	1,382,661	1,269,180	847,598	874,355	5,027,036	
Net Fund Balances	49,532,658	59,682,932	67,485,474	76,362,805	101,775,353	

Form 990T	Tax Return History	2020
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.		Employer Identification Number 58-1610318

* Income shown net of expenses

	2016	2017	2018	2019	2020	2021
Business activity profit/loss	211,751	230,847	271,854	287,471	285,733	
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						
Total trade or business income.	211,751	230,847	271,854	287,471	285,733	
Compensation of officers, ect.	11,578	18,472	20,941	21,038	31,625	
Other salaries and wages	18,085	26,800	31,786	39,328	43,444	
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses	2,373	3,622	4,218	4,829	5,723	
Charitable contributions						
Depreciation and Depletion	742	751	781			
Deferred compensation plans						
Employee benefit programs	183	917	975	1,493		

Form 990T	Tax Return History	2020
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.		Employer Identification Number 58-1610318

	2016	2017	2018	2019	2020	2021
Other deductions	15,730	15,937	11,173	22,025	19,635	
Net income (990T/first activity)	163,060	164,348	201,980	198,758	185,306	
UBTI from all trades	163,060	164,348	201,980	198,758	185,306	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000	1,000	1,000	1,000	1,000	
Income after expense and deductions	162,060	163,348	200,980	197,758	184,306	
Income tax (corporate or trust)	46,453	46,956	42,206	41,529	38,704	
Other taxes						
Total taxes	46,453	46,956	42,206	41,529	38,704	
General business credit						
Other credits						
Net tax after credits	46,453	46,956	42,206	41,529	38,704	
Estimated tax payments	27,912	45,456	46,506	42,207	41,529	
Other payments	37,082	27,450				
Balance due/Overpayment	-18,541	-25,950	-4,300	-678	-2,825	

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT REVENUE	\$ 1,557,598		14			
INVESTMENT INCOME ON AGENCY E	764,524		14			
FEEES ON AGENCY FUNDS			14			
SPLIT INTEREST AGREEMENT	-220,875		14			
TOTAL	<u>\$ 2,101,247</u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER	\$ 12,936	\$ 12,805	\$ 94	\$ 37
TOTAL	<u>\$ 12,936</u>	<u>\$ 12,805</u>	<u>\$ 94</u>	<u>\$ 37</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL	\$ 100	\$ 100	\$ 0	\$ 0
	<u>\$ 100</u>	<u>\$ 100</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Amount
FEDERATED CAMPAIGNS	\$ 420,020
AGENCY CONTRIBUTIONS	1,982,284
CONTRIBUTIONS	17,408,758
CONTRIBUTIONS - NON SCHEDULE B, FR NON CASH	4,773,690
TOTAL	<u>\$ 24,584,752</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT REVENUE	\$ 1,557,598
INVESTMENT INCOME ON AGENCY E	764,524
FEEES ON AGENCY FUNDS	-220,875
SPLIT INTEREST AGREEMENT	-220,875
TOTAL	<u>\$ 2,101,247</u>

Schedule A, Part II, Line 9(e)

Description	Amount
ADMINISTRATIVE FEES	\$ 285,733
LESS: DEDUCTIONS	-69,802
TOTAL	<u>\$ 215,931</u>

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

Description	Amount
DANCING FOR A CAUSE	\$
MISCELLANEOUS	18,336
TOTAL	\$ 18,336

Schedule A, Part II, Line 12 - Current year

Description	Amount
OFFICE RENTAL TO NON PROFITS	\$ 108,866
OTHER	152,734
FOUNDATION FEES - OTHER	143,788
FORSYTH BYOT FUND	8,750
PHILANTHROPIST OF THE YEAR	
WE CARE FUND	
REGION 2 RTAC EDUC FUND	19,225
SPRING CHICKEN FESTIVAL	15,000
SHEEPDOG FISCAL SPONSORSHIP	
AMPED KIDS FOUNDATION	
OFFICE RENTAL	
TOTAL	\$ 448,363

Federal Statements

DANCING FOR A CAUSE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$ _____
TOTAL	\$ <u>0</u>

Federal Statements

Forsyth BYOT Fund

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FORSYTH BYOT	\$ <u>15,582</u>
TOTAL	\$ <u><u>15,582</u></u>

Federal Statements

MISCELLANEOUS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
TOTAL UNDER 5,000	\$ 34,977
	<u>2,591</u>
TOTAL	<u>\$ 37,568</u>

Federal Statements

Amped Kids Foundation

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
AMPED KIDS FOUNDATION	\$ _____
TOTAL	\$ _____ 0

Federal Statements

Cash - EOY

<u>Description</u>	<u>Amount</u>
CASH	\$ 2,932,642
CASH HELD IN TRUST	1,606
TOTAL	<u>\$ 2,934,248</u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 29,943
TOTAL	<u>\$ 29,943</u>

Revenue-net unrealized gains

<u>Description</u>	<u>Amount</u>
FINANCIAL STATEMENT	\$ 8,994,771
AGENCY	-1,699,881
AGENCY - REALIZED	-584,105
TOTAL	<u>\$ 6,710,785</u>

DANCING FOR A CAUSE

Gross receipts

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$
TOTAL	<u>\$ 0</u>

Federal Statements

Forsyth BYOT Fund

Gross receipts

<u>Description</u>	<u>Amount</u>
FORSYTH BYOT	\$ <u>8,750</u>
TOTAL	\$ <u><u>8,750</u></u>

Federal Statements

PHILANTHROPIST OF THE YEAR

Gross receipts

<u>Description</u>	<u>Amount</u>
PHILANTHROPIST OF THE YEAR	\$ _____
TOTAL	\$ _____ 0

Federal Statements

Administrative fees

Gross receipts

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES - ATHENS	\$ <u>285,733</u>
TOTAL	\$ <u><u>285,733</u></u>

Federal Statements

We Care Fund

Gross receipts

<u>Description</u>	<u>Amount</u>
WE CARE FUND	\$ _____
TOTAL	\$ <u>0</u>

Federal Statements**MISCELLANEOUS****Gross receipts**

<u>Description</u>	<u>Amount</u>
JENNY MELTON	\$
BELIEVERS BAND	
THE GNMD FUND	
TOTAL UNDER \$5,000	<u>18,336</u>
TOTAL	\$ <u><u>18,336</u></u>