

11683  
NORTH GEORGIA COMMUNITY FOUNDATION,

**2021 Client**

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

OMB No. 1545-0047

**2021**  
Open to Public Inspection

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

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>340 JESSE JEWELL PKWY. SE STE 605</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>GAINESVILLE GA 30501</b>	<b>D</b> Employer identification number <b>58-1610318</b> <b>E</b> Telephone number <b>770-535-7880</b> <b>G</b> Gross receipts\$ <b>39,340,275</b>
<b>F</b> Name and address of principal officer: <b>MICHELLE PRATER</b> <b>615 F OAK STREET NW STE 1300</b> <b>GAINESVILLE GA 30501</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.NGCF.ORG</b>		<b>L</b> Year of formation: <b>1985</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>GA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE NORTH GEORGIA COMMUNITY FOUNDATION HELPS PEOPLE AND NON-PROFITS INVEST GENEROUSLY IN THE LIVES OF THOSE WHO CALL OUR COMMUNITY HOME.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	30
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	188,847
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	24,584,752	20,306,402
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	691,121	694,055
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,433,939	8,211,933
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-20,960	74,812
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,688,852	29,287,202
	14	Benefits paid to or for members (Part IX, column (A), line 4)	11,698,837	16,477,760
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	843,593	885,485
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>218,620</b>		0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	728,643	789,089
<b>Net Assets or Fund Balances</b>	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,271,073	18,152,334
	19	Revenue less expenses. Subtract line 18 from line 12	16,417,779	11,134,868
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	106,802,389	121,312,465
	22	Net assets or fund balances. Subtract line 21 from line 20	5,027,036	3,781,625
			101,775,353	117,530,840

**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.

<b>Sign Here</b>	Signature of officer <b>MICHELLE PRATER</b>	Date <b>PRESIDENT - CEO</b>		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>J. CHRIS HOLLIFIELD</b>	Preparer's signature <b>J. CHRIS HOLLIFIELD</b>	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00939610</b>
	Firm's name ▶ <b>RUSHTON, LLC</b>		Firm's EIN ▶ <b>87-1753047</b>	
	Firm's address ▶ <b>P.O. BOX 2917 GAINESVILLE, GA 30503</b>		Phone no. <b>770-287-7800</b>	

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 \$ **17,220,400** including grants of \$ **16,477,760** ) (Revenue \$ **178,757** )

**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 \$ **293,280** including grants of \$ ) (Revenue \$ **222,839** )

**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. THE NORTH GEORGIA COMMUNITY FOUNDATION NONPROFIT CENTER IS HOME TO 14 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 \$ **99,019** 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 **▶ 17,612,699**

**Part IV Checklist of Required Schedules**

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

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>38</b>
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

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

Yes No

<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>7</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</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>	<b>3b</b>		<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>24</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>24</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<b>X</b>

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

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

**Section C. Disclosure**

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

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE PRATER ..... PRESIDENT - CEO	40.00 ..... 0.00	X		X				180,212	0	10,397
(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) TAMMY CAUDELL ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(5) BLAIR DIAZ ..... VICE CHAIR	1.00 ..... 0.00	X		X				0	0	0
(6) LINDA FOSTER ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(7) ROB FOWLER ..... CHAIR	1.00 ..... 0.00	X		X				0	0	0
(8) RANDALL FROST ..... SECRETARY	1.00 ..... 0.00	X		X				0	0	0
(9) MARY GOWAN ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(10) KRISTI GRIFFIN ..... TREASURER	1.00 ..... 0.00	X		X				0	0	0
(11) LINDA HARDIE ..... 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BRIAN HORTON</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(13) <b>CAL JOHNSON</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14) <b>TOM JOHNSTON</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(15) <b>CHRISTINA JONES</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(16) <b>MARY HELEN MCGRUDER</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(17) <b>STEVE MICKENS</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(18) <b>ANN NIXON</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(19) <b>LYDIA SARTAIN</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>180,212</b>		<b>10,397</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>180,212</b>		<b>10,397</b>

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

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>ROBERT SHIPPEY</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(21) <b>BRIAN STEINES</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(22) <b>BRIAN TAM</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(23) <b>NATALIE TESTON</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(24) <b>BRIAN WHALEN</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
(25) <b>MARY HART WILHEIT</b>	1.00									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>765,208</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>19,541,194</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 4,147,949</b>				
	<b>h Total.</b> Add lines 1a-1f			<b>20,306,402</b>			
<b>Program Service Revenue</b>	<b>2a</b> ADMINISTRATIVE FEES	Business Code	<b>900099</b>	<b>292,459</b>		<b>292,459</b>	
	<b>b</b> FOUNDATION FEES - OTHER		<b>900099</b>	<b>275,011</b>	<b>275,011</b>		
	<b>c</b> OFFICE RENTAL TO NON PROFITS		<b>900099</b>	<b>104,770</b>	<b>104,770</b>		
	<b>d</b> OTHER		<b>900099</b>	<b>21,815</b>	<b>21,815</b>		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			<b>694,055</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			<b>5,588,423</b>		<b>5,588,423</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	<b>12,589,729</b>			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>9,965,885</b>	<b>334</b>			
<b>c</b> Gain or (loss)	<b>7c</b>	<b>2,623,844</b>	<b>-334</b>				
<b>d</b> Net gain or (loss)			<b>2,623,510</b>	<b>2,623,510</b>			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		<b>161,666</b>				
		<b>8b</b>	<b>86,854</b>				
<b>c</b> Net income or (loss) from fundraising events			<b>74,812</b>		<b>3,178</b>		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			<b>29,287,202</b>	<b>3,025,106</b>	<b>292,459</b>	<b>5,591,601</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>16,043,260</b>	<b>16,043,260</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>434,500</b>	<b>434,500</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>180,212</b>	<b>54,064</b>	<b>18,021</b>	<b>108,127</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>523,103</b>	<b>297,804</b>	<b>174,547</b>	<b>50,752</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>28,315</b>	<b>14,166</b>	<b>7,753</b>	<b>6,396</b>
<b>9</b> Other employee benefits	<b>89,557</b>	<b>44,805</b>	<b>24,521</b>	<b>20,231</b>
<b>10</b> Payroll taxes	<b>64,298</b>	<b>32,168</b>	<b>17,605</b>	<b>14,525</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>34,876</b>	<b>34,497</b>	<b>265</b>	<b>114</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	<b>1,177</b>	<b>1,177</b>		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>26,282</b>	<b>25,997</b>	<b>199</b>	<b>86</b>
<b>12</b> Advertising and promotion	<b>48,021</b>	<b>34,776</b>	<b>7,481</b>	<b>5,764</b>
<b>13</b> Office expenses	<b>113,740</b>	<b>106,859</b>	<b>4,811</b>	<b>2,070</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>154,073</b>	<b>144,752</b>	<b>6,517</b>	<b>2,804</b>
<b>17</b> Travel	<b>27,130</b>	<b>13,573</b>	<b>7,428</b>	<b>6,129</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>72,788</b>	<b>68,384</b>	<b>3,079</b>	<b>1,325</b>
<b>23</b> Insurance	<b>16,322</b>	<b>15,335</b>	<b>690</b>	<b>297</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM EXPENSE	<b>206,182</b>	<b>206,182</b>		
<b>b</b> INCOME TAX	<b>48,098</b>		<b>48,098</b>	
<b>c</b> BOARD AND COMMITTEE EXP	<b>39,949</b>	<b>39,949</b>		
<b>d</b> OTHER	<b>451</b>	<b>451</b>		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>18,152,334</b>	<b>17,612,699</b>	<b>321,015</b>	<b>218,620</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>2,934,248</b>	<b>1</b>	<b>7,815,735</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	<b>406,865</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>26,040</b>	<b>9</b>	<b>10,167</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>2,899,102</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>1,001,578</b>	<b>1,931,084</b>	<b>10c</b> <b>1,897,524</b>
	<b>11</b> Investments—publicly traded securities	<b>101,911,017</b>	<b>11</b>	<b>111,182,174</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>106,802,389</b>	<b>16</b>	<b>121,312,465</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>29,948</b>	<b>17</b>	<b>28,337</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>20,750</b>	<b>19</b>	<b>20,500</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>4,976,338</b>	<b>25</b>	<b>3,732,788</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>5,027,036</b>	<b>26</b>	<b>3,781,625</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>94,952,134</b>	<b>27</b>	<b>110,180,510</b>
	<b>28</b> Net assets with donor restrictions	<b>6,823,219</b>	<b>28</b>	<b>7,350,330</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances	<b>101,775,353</b>	<b>32</b>	<b>117,530,840</b>	
<b>33</b> Total liabilities and net assets/fund balances	<b>106,802,389</b>	<b>33</b>	<b>121,312,465</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>29,287,202</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>18,152,334</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>11,134,868</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>101,775,353</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>2,992,384</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>346,086</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>1,282,149</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>117,530,840</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

**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.

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,596,086	17,374,634	13,453,493	14,670,221	20,306,402	77,400,836
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	11,596,086	17,374,634	13,453,493	14,670,221	20,306,402	77,400,836
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,448,931
<b>6 Public support.</b> Subtract line 5 from line 4						55,951,905

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	11,596,086	17,374,634	13,453,493	14,670,221	20,306,402	77,400,836
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,465,175	3,949,563	3,228,621	2,101,247	5,588,423	17,333,029
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	181,820	221,921	218,796	215,931	224,889	1,063,357
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,671	20,235	318,028	18,336	7,126	375,396
<b>11 Total support.</b> Add lines 7 through 10						96,172,618
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,941,362

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	58.18%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	67.91%

**16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

**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** **\$ 368,270**

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

2021

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and compliance 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 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures.

**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
<b>1c</b>	<b>143,035,711</b>
<b>1d</b>	<b>16,896,222</b>
<b>1e</b>	<b>-22,863,530</b>
<b>1f</b>	<b>137,068,403</b>

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance	16,943,501	12,933,193	10,616,418	9,971,585	8,182,665
<b>b</b> Contributions	4,254,016	1,982,283	1,396,267	1,570,509	1,029,627
<b>c</b> Net investment earnings, gains, and losses	2,442,403	2,606,482	2,033,510	-297,848	1,392,834
<b>d</b> Grants or scholarships	-1,283,297	-436,380	-990,976	-516,601	-540,827
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	-200,722	-142,077	-122,026	-111,227	-92,714
<b>g</b> End of year balance	22,155,901	16,943,501	12,933,193	10,616,418	9,971,585

**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
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		567,689		567,689
<b>b</b> Buildings		2,177,649	910,450	1,267,199
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		52,852	35,951	16,901
<b>e</b> Other		100,912	55,177	45,735
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,897,524</b>



**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LIABILITIES UNDER SPLIT INTEREST AG</b>	<b>3,643,247</b>
(3) <b>ANNUITY LIABILITIES</b>	<b>88,901</b>
(4) <b>SECURITY DEPOSIT</b>	<b>640</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>3,732,788</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>26,547,578</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>2,992,384</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>87,188</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>3,079,572</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>23,468,006</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>5,819,196</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>5,819,196</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>29,287,202</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>16,956,524</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>87,188</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>87,188</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>16,869,336</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>1,282,998</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>1,282,998</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>18,152,334</b>

**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 15 - 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, 2021, 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 2018.

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

SPECIAL EVENTS EXPENSE	\$	86,855
LOSS ON ASSET	\$	333

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

ASC 958 HELD FOR OTHERS DONATIONS	\$	4,254,016
ASC 958 HELD FOR OTHERS INVESTMENT REVENUE	\$	1,565,180

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

SPECIAL EVENTS EXPENSE	\$	86,855
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**Part XIII Supplemental Information** *(continued)*

**LOSS ON ASSET** \$ **333**

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

**ASC 958 HELD FOR OTHERS GRANTS** \$ **1,282,998**

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LAKE RABUN FUND</u> (event type)	<u>FORSYTH BYOT FU</u> (event type)	<u>4</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	54,450	44,225	55,865	154,540
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	54,450	44,225	55,865	154,540
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	8,588	27,584	46,734	82,906
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				82,906
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				71,634	

**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))
		<b>1</b> Gross revenue			
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)					
<b>8</b> 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:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility

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**

OMB No. 1545-0047

**2021**  
Open to Public  
Inspection

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANTIOCH UNITED METHODIST CHURCH 2922 ANTIOCH CHURCH ROAD GAINESVILLE GA 30506	58-1540579	3	6,500				RELIGION
(2)	A PLACE OF HOPE NORTH GEORGIA P.O. BOX 933 CLAYTON GA 30525	84-3874041	3	5,100				SOCIAL SERVICES
(3)	ATHENS TECH FOUNDATION, INC. 800 HIGHWAY 29, NORTH ATHENS GA 30601-1500	58-1824771	3	23,288				EDUCATION
(4)	ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE., NE ATLANTA GA 30309	58-1313284	3	605,000				ENVIRONMENTAL
(5)	ATLANTA MISSION 2353 BOLTON RD. N.W. ATLANTA GA 30318	58-0572430	3	7,900				SOCIAL SERVICES
(6)	AUSTIN CLASSICAL GUITAR SOCIETY PO BOX 4072 AUSTIN TX 78765	74-2595883	3	12,500				ARTS & CULTURE
(7)	BALD RIDGE LODGE, INC. 562 LAKELAND PLAZA #302 CUMMING GA 30040	20-3690682	3	10,000				SOCIAL SERVICES
(8)	BILLY GRAHAM EVANGELISTIC ASSOCIATI 1 BILLY GRAHAM PARKWAY CHARLOTTE NC 28201	45-2588350	3	9,482				RELIGION
(9)	BOYS & GIRLS CLUBS OF LANIER P.O. BOX 691 GAINESVILLE GA 30503	58-0656890	3	1,999,286				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) (2021)



**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

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Employer identification number **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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>BRENAU UNIVERSITY 500 WASHINGTON ST., SE BOX 16 GAINESVILLE GA 30501</b>	<b>58-0566143</b>	<b>3</b>	<b>185,905</b>				<b>EDUCATION</b>
(2)	<b>BUFORD CHURCH OF CHRIST, INC. 1135 CHATHAM ROAD BUFORD GA 30518</b>	<b>58-1405585</b>	<b>3</b>	<b>56,070</b>				<b>RELIGION</b>
(3)	<b>BYRON HERBERT REECE SOCIETY PO BOX 811 YOUNG HARRIS GA 30582</b>	<b>74-3085856</b>	<b>3</b>	<b>14,000</b>				<b>SOCIAL SERVICES</b>
(4)	<b>CALVIN SIMMONS FOUNDATIONAL MINISTR 515 NORTH CHURCH STREET THOMASTON GA 30286</b>	<b>58-2054163</b>	<b>3</b>	<b>20,800</b>				<b>RELIGION</b>
(5)	<b>CAREGIVER'S HOPE, INC. PO BOX 94173 ATLANTA GA 30377</b>	<b>77-0642833</b>	<b>3</b>	<b>7,000</b>				<b>SOCIAL SERVICES</b>
(6)	<b>CENTER POINT, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501</b>	<b>58-1022054</b>	<b>3</b>	<b>9,250</b>				<b>SOCIAL SERVICES</b>
(7)	<b>CHATTAHOOCHEE BAPTIST ASSOCIATION 1220 MCEVER ROAD GAINESVILLE GA 30504</b>	<b>58-6014094</b>	<b>3</b>	<b>7,500</b>				<b>SOCIAL SERVICES</b>
(8)	<b>CHATTAHOOCHEE RIVERKEEPER, INC. 104 WASHINGTON STREET, NE GAINESVILLE GA 30501</b>	<b>58-2095413</b>	<b>3</b>	<b>7,000</b>				<b>ENVIRONMENTAL</b>
(9)	<b>CHESTATEE ELEMENTARY SCHOOL 6945 KEITH BRIDGE ROAD GAINESVILLE GA 30506</b>	<b>58-6000256</b>	<b>3</b>	<b>10,000</b>				<b>EDUCATION</b>

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Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2021****Open to Public  
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(1)	CHESTATEE HIGH SCHOOL 3005 SARDIS ROAD GAINESVILLE GA 30506	58-6000256	3	216,949				EDUCATION
(2)	CHESTNUT MOUNTAIN CHURCH 4903 CHESTNUT MOUNTAIN CIRCLE FLOWERY BRANCH GA 30542	58-1534512	3	10,000				RELIGION
(3)	CHOICES PREGNANCY CARE CENTER PO BOX 52 GAINESVILLE GA 30503	58-1721806	3	6,100				SOCIAL SERVICES
(4)	CHRISTIAN SOLIDARITY INTERNATIONAL 870 HAMPSHIRE ROAD WESTLAKE VILLAGE CA 91361	33-0826951	3	13,000				RELIGION
(5)	CHURCH OF GOD MINISTRIES INC. P.O. BOX 2420 ANDERSON IN 46018	35-2049256	3	6,000				RELIGION
(6)	CHURCH OF THE APOSTLES 32 GRANT ROAD WEST DAWSONVILLE GA 30534	58-1962814	3	6,000				RELIGION
(7)	CITY CHURCH GAINESVILLE 3504 EDGEWOOD CIRCLE GAINESVILLE GA 30506	81-1264893	3	94,250				SOCIAL SERVICES
(8)	CLAYTON ROTARY FOUNDATION, INC P.O. BOX 1088 CLAYTON GA 30525	58-2474942	3	8,500				SOCIAL SERVICES
(9)	COMMUNITY BUILDERS ALLIANCE P.O. BOX 623 GAINESVILLE GA 30503	83-1203310	3	10,000				SOCIAL SERVICES

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Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2021**  
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Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**58-1610318**

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(1)	COMMUNITY HELPING HANDS CLINIC INC. 34 COURTHOUSE SQUARE, UNITE C CLEVELAND GA 30528	64-0950194	3	9,638				HEALTH
(2)	COMMUNITY HELPING PLACE, INC. P.O. BOX 712 DAHLONEGA GA 30533	37-1554432	3	12,500				SOCIAL SERVICES
(3)	CROSS TRAINING SPORTS CAMP, INC. PO BOX 578 OAKWOOD GA 30566	43-1991487	3	63,960				EDUCATION
(4)	CRU CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE #2400 ORLANDO FL 32832-0100	95-6006173	3	10,000				SOCIAL SERVICES
(5)	DARBY'S WARRIOR SUPPORT PO BOX 1463 SEARCY AR 72145	46-5207131	3	25,000				SOCIAL SERVICES
(6)	DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN MD 21741	13-3433452	3	16,500				HEALTH
(7)	DOUG COOMBS FOUNDATION P.O. BOX 7665 JACKSON WY 83002	46-0956814	3	8,300				SOCIAL SERVICES
(8)	DRUG AWARENESS INC 664 LANIER PARK DRIVE GAINESVILLE GA 30501	83-0897362	3	26,047				SOCIAL SERVICES
(9)	EAGLE RANCH, INC. PO BOX 7200 CHESTNUT MOUNTAIN GA 30502	58-1497408	3	90,139				SOCIAL SERVICES

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**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1)	EDMONDSON-TELFORD CENTER FOR CHILDREN 603 WASHINGTON STREET NW GAINESVILLE GA 30501	58-2250500	3	32,200				SOCIAL SERVICES
(2)	ELACHEE NATURE SCIENCE CENTER, INC. 2125 ELACHEE DRIVE GAINESVILLE GA 30504	58-1643768	3	13,300				ENVIRONMENTAL
(3)	ENOTAH CASA PO BOX 2198 DAHLONEGA GA 30533	58-2467159	3	24,000				SOCIAL SERVICES
(4)	ETC GEORGIA INC 3309 BOLD SPRINGS RD. DACULA GA 30019	83-0578635	3	6,700				SOCIAL SERVICES
(5)	FAITH, INC. PO BOX 1964 CLAYTON GA 30525	58-2176046	3	15,880				SOCIAL SERVICES
(6)	FAMILY PROMISE OF FORSYTH COUNTY 3335 HUTCHINSON ROAD STE D1 CUMMING GA 30040	46-5664080	3	16,250				SOCIAL SERVICES
(7)	FAMILY PROMISE OF HALL COUNTY 3606 MCEVER ROAD OAKWOOD GA 30566	27-5544034	3	245,401				SOCIAL SERVICES
(8)	FAMILY TIES GAINESVILLE INC. PO BOX 1206 GAINESVILLE GA 30503	58-1899506	3	12,000				SOCIAL SERVICES
(9)	FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 1510 OAKWOOD GA 30566	58-0685033	3	13,000				RELIGION

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Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2021**  
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Internal Revenue Service

Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Employer identification number **58-1610318**

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(1)	FEMINIST WOMEN'S HEALTH CENTER, INC 1924 CLIFF VALLEY WAY N.E. ATLANTA GA 30329	58-1273243	3	15,000				HEALTH
(2)	FIDELITY CHARITABLE .....	11-0303001	3	911,562				TRANSFER
(3)	FILL MINISTRIES, INC DBA MEALS BY G 6405 BENNETT ROAD CUMMING GA 30041	46-2706835	3	19,000				SOCIAL SERVICES
(4)	FIRST BAPTIST CHURCH OF GAINESVILLE 751 GREEN STREET, NW GAINESVILLE GA 30501	58-0622975	3	9,887				RELIGION
(5)	FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS GA 30604	58-1938066	3	7,500				SOCIAL SERVICES
(6)	FOR HIS KINGDOM MISSIONS PO BOX 620 MURRAYVILLE GA 30564	20-8291520	3	7,500				RELIGION
(7)	FORSYTH CENTRAL HIGH SCHOOL 131 ALMON C. HILL DRIVE CUMMING GA 30040	58-6000243	GOV	6,000				EDUCATION
(8)	FORSYTH COUNTY PUBLIC LIBRARY 585 DAHLONEGA ROAD CUMMING GA 30040	58-2228307	GOV	8,750				ARTS & CULTURE
(9)	FORSYTH COUNTY SCHOOLS 1120 DAHLONEGA HIGHWAY CUMMING GA 30040	58-6000243	GOV	5,060				ARTS & CULTURE

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Schedule I (Form 990) (2021)

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(1)	FOXFIRE FUND, INC. PO BOX 541 MOUNTAIN CITY GA 30562-0541	23-7022599	3	16,950				SOCIAL SERVICES
(2)	FRANKIE AND ANDY'S PLACE INC 653 GAINESVILLE HWY. WINDER GA 30680	47-5260905	3	145,600				SOCIAL SERVICES
(3)	GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE RD GAINESVILLE GA 30506	58-0641234	3	119,150				RELIGION
(4)	GAINESVILLE HIGH SCHOOL 830 CENTURY PLACE GAINESVILLE GA 30501	58-6000152	3	11,350				EDUCATION
(5)	GAINESVILLE PARKS & RECREATION 830 GREEN STREET, NE GAINESVILLE GA 30501	58-6000581	3	26,100				ENVIRONMENTAL
(6)	GATEWAY DOMESTIC VIOLENCE CENTER PO BOX 2962 GAINESVILLE GA 30503-2962	58-1447674	3	120,000				SOCIAL SERVICES
(7)	GEORGIA ASYLUM AND IMMIGRATION NETW P.O. BOX 78425 ATLANTA GA 30357	26-1733523	3	10,000				SOCIAL SERVICES
(8)	GEORGIA FORESTWATCH 81 CROWN MOUNTAIN PLACE DAHLONEGA GA 30533	58-2188475	3	5,500				ENVIRONMENTAL
(9)	GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE ATLANTA GA 30332-0460	58-0622514	GOV	27,000				EDUCATION

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(1)	GEORGIA MOUNTAIN FAIR INC. P.O. BOX 444 HIWASSEE GA 30546	58-1201642	3	10,000				ARTS & CULTURE
(2)	GEORGIA MOUNTAIN FOOD BANK PO BOX 233 GAINESVILLE GA 30503	26-2787610	3	215,805				SOCIAL SERVICES
(3)	GEORGIA MOUNTAIN PSYCHOLOGICAL ASSO 851 US-441, SUITE 105 CLAYTON GA 30525	85-1244258	3	5,100				HEALTH
(4)	GEORGIA MOUNTAIN WOMEN'S CENTER, IN PO BOX 833 CORNELIA GA 30531	58-1766060	3	11,400				SOCIAL SERVICES
(5)	GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA GA 30332	58-0622514	3	75,000				EDUCATION
(6)	GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30308	58-6043294	3	43,135				EDUCATION
(7)	GOOD NEWS AT NOON, INC. PO BOX 1577 GAINESVILLE GA 30503	58-1895047	3	70,500				SOCIAL SERVICES
(8)	GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE GA 30503	58-2058853	3	292,606				HEALTH
(9)	GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	58-1524654	3	45,262				RELIGION

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(1)	HABITAT FOR HUMANITY OF HALL COUNTY PO BOX 2514 GAINESVILLE GA 30503	58-1849321	3	13,000				SOCIAL SERVICES
(2)	HABITAT FOR HUMANITY OF HALL COUNTY 2380 MURPHY BOULEVARD GAINESVILLE GA 30504	58-1849321	3	5,200				SOCIAL SERVICES
(3)	HABITAT FOR HUMANITY OF RABUN COUNT PO BOX 1394 CLAYTON GA 30525	58-1813127	3	6,250				SOCIAL SERVICES
(4)	HALL COUNTY SCHOOL SYSTEM 711 GREEN STREET GAINESVILLE GA 30506	58-6000256	3	7,500				EDUCATION
(5)	HALL-DAWSON CASA PO BOX 907471 GAINESVILLE GA 30501-0908	58-2034915	3	10,510				SOCIAL SERVICES
(6)	HALL DAWSON CASA PROGRAM, INC. P O BOX 907471 GAINESVILLE GA 30501	58-2034915	3	20,000				SOCIAL SERVICES
(7)	HART PARTNERS, INC. 110 BENSON STREET HARTWELL GA 30643	58-2494811	3	20,000				EDUCATION
(8)	HISPANIC ALLIANCE GA P.O. BOX 1674 GAINESVILLE GA 30503	81-4556909	3	35,000				SOCIAL SERVICES
(9)	HOSPICE OF NORTHEAST GEORGIA MEDICA 2150 LIMESTONE PARKWAY, SUITE 222 GAINESVILLE GA 30501	58-1550576	3	62,000				HEALTH

- 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) (2021)



**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

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Employer identification number  
**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HUMANE SOCIETY OF NORTHEAST GEORGIA 845 W RIDGE ROAD GAINESVILLE GA 30506	58-0678817	3	241,275				SOCIAL SERVICES
(2)	INTERACTIVE NEIGHBORHOOD FOR KIDS, 999 CHESTNUT STREET, SE, #11 GAINESVILLE GA 30501	75-3077646	3	760,000				EDUCATION
(3)	JACK P. NIX PRIMARY SCHOOL 342 WEST KYTLE STREET CLEVELAND GA 30528	58-6000346	3	40,000				EDUCATION
(4)	JACKSON COUNTY COMMUNITY OUTREACH PO BOX 746 COMMERCE GA 30529	58-2502517	3	6,000				EDUCATION
(5)	J.A. WALTERS YMCA 2455 YMCA DRIVE GAINESVILLE GA 30501	58-2203268	3	8,000				SOCIAL SERVICES
(6)	JEFFERSON SCHOOL SYSTEM FOUNDATION PO BOX 624 JEFFERSON GA 30549	58-1519680	3	10,000				EDUCATION
(7)	JENTEZEN FRANKLIN MINISTRIES P.O. BOX 315 GAINESVILLE GA 30503	58-1586369	3	10,000				RELIGION
(8)	JESSE'S HOUSE PO BOX 3318 CUMMING GA 30028	58-2516541	3	19,201				SOCIAL SERVICES
(9)	JOHN JARRARD FOUNDATION 500 JESSE JEWELL PARKWAY, SE SUITE GAINESVILLE GA 30501	20-8879399	3	10,000				ARTS & CULTURE

- 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) (2021)

**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.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2021**  
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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
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	J'S PLACE 1362 JUANITA AVE GAINESVILLE GA 30501	83-0897362	3	12,500				SOCIAL SERVICES
(2)	JUNIOR ACHIEVEMENT OF NORTHEAST GEO PO BOX 378 GAINESVILLE GA 30503	58-0598050	3	18,249				EDUCATION
(3)	JUNIOR LEAGUE OF GAINESVILLE-HALL C PO BOX 1472 GAINESVILLE GA 30503	58-6003789	3	31,290				SOCIAL SERVICES
(4)	KEATON FRANKLIN COKER FOUNDATION IN PO BOX 1517 GAINESVILLE GA 30503	47-2023349	3	15,989				SOCIAL SERVICES
(5)	KENNESAW UNITED METHODIST CHURCH 1801 BEN KING RD. KENNESAW GA 30144	58-0975001	3	8,100				RELIGION
(6)	KNOX MARTIN FOUNDATION FOR BRAIN CA 700 LINDSAY BAKER COURT GAINESVILLE GA 30506	86-3948612	3	16,489				HEALTH
(7)	LAKE LANIER OLYMPIC PARK FOUNDATION PO BOX 369 GAINESVILLE GA 30503	58-2094780	3	10,000				CIVIC/COMMUNITY
(8)	LAKE LANIER ROWING CLUB, INC. 3105 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	58-2223024	3	20,000				ENVIRONMENTAL
(9)	LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30501	58-1077096	3	52,600				EDUCATION

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

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OMB No. 1545-0047

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization **NORTH GEORGIA COMMUNITY FOUNDATION,  
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**58-1610318****Part I General Information on Grants and Assistance**

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(1)	LAKEWOOD BAPTIST CHURCH 2235 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	58-0673190	3	30,100				RELIGION
(2)	LITTLE MILL MIDDLE SCHOOL 6800 LITTLE MILL ROAD CUMMING GA 30041	84-1123082	3	10,000				EDUCATION
(3)	LUMPKIN COUNTY SHERIFF'S OFFICE 385 E. MAIN STREET DAHLONEGA GA 30533	58-6000857	GOV	6,000				EDUCATION
(4)	LUMPKIN LITERACY 150B JOHNSON ST DAHLONEGA GA 30533	31-1832466	3	10,000				EDUCATION
(5)	MENTOR ME - NORTH GEORGIA INC. PO BOX 2053 CUMMING GA 30028	26-2202642	3	9,000				SOCIAL SERVICES
(6)	MILLIKIN UNIVERSITY 1184 W. MAIN STREET DECATUR IL 62522	37-0706154	3	7,000				ARTS & CULTURE
(7)	MOSSY CREEK ELEMENTARY SCHOOL 128 HORACE FITZPATRICK DRIVE CLEVELAND GA 30528	58-6000346	3	40,000				EDUCATION
(8)	MY SISTER'S PLACE PO BOX 908492 GAINESVILLE GA 30503	16-1619238	3	17,800				SOCIAL SERVICES
(9)	NATIONAL CHRISTIAN FOUNDATION 15 N. EOLA DRIVE ORLANDO FL 32801	26-0181206	3	6,000				RELIGION

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Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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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**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVE. RALEIGH NC 27612	58-1661700	3	10,000				EDUCATION
(2)	NORTHEAST GEORGIA HEALTH SYSTEM FOU 2150 LIMESTONE PARKWAY, SUITE 115 GAINESVILLE GA 30501	58-1694820	3	534,935				HEALTH
(3)	NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE GA 30503-1451	58-1443900	3	78,150				ARTS & CULTURE
(4)	NORTHEAST GEORGIA SPEECH CENTER PO BOX 1482 GAINESVILLE GA 30503	58-1091617	3	15,100				EDUCATION
(5)	NORTH FORSYTH HIGH SCHOOL 3635 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	10,000				EDUCATION
(6)	NORTH GEORGIA WORKS INC. PO BOX 2458 GAINESVILLE GA 30503	82-2428323	3	20,250				SOCIAL SERVICES
(7)	NORTH HALL JUNIOR TROJANS FOOTBALL P.O. BOX 907931 GAINESVILLE GA 30501	45-5386364	3	6,500				EDUCATION
(8)	OAK GROVE UNITED METHODIST CHURCH 1722 OAK GROVE ROAD DECATUR GA 30033	58-0865171	3	10,000				RELIGION
(9)	OUR NEIGHBOR, INC. PO BOX 107 GAINESVILLE GA 30503	20-3144814	3	5,500				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)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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Name of the organization <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>58-1610318</b>
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**Part I General Information on Grants and Assistance**

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <b>PARK CITY COMMUNITY CHURCH</b> 4501 N. HWY 224 PARK CITY UT 84098	87-0395038	3	11,500				<b>RELIGION</b>
(2) <b>PASSION GLOBAL INC.</b> P.O. BOX 1614 GAINESVILLE GA 30503	46-4542665	3	10,450				<b>SOCIAL SERVICES</b>
(3) <b>PREVENT BLINDNESS GEORGIA</b> 270 CARPENTER DRIVE - STE 606 SANDY SPRINGS GA 30328	58-6050305	3	15,000				<b>HEALTH</b>
(4) <b>PTSD FOUNDATION OF AMERICA</b> 615 OAK STREET GAINESVILLE GA 30501	20-3864341	3	21,000				<b>SOCIAL SERVICES</b>
(5) <b>QUINLAN VISUAL ARTS CENTER</b> 514 GREEN STREET, NE GAINESVILLE GA 30501	58-6040517	3	473,514				<b>SOCIAL SERVICES</b>
(6) <b>RABUN GAP - NACOOCHEE SCHOOL</b> 339 NACOOCHEE DRIVE RABUN GAP GA 30568	58-0593430	3	6,949				<b>EDUCATION</b>
(7) <b>RABUN GAP PRESBYTERIAN CHURCH</b> PO BOX 333 RABUN GAP GA 30568	58-1554588	3	10,000				<b>RELIGION</b>
(8) <b>RABUN PAWS 4 LIFE</b> PO BOX 216 CLAYTON GA 30525	46-0965707	3	6,619				<b>ANIMAL WELFARE</b>
(9) <b>RAPE RESPONSE, INC.</b> PO BOX 2883 GAINESVILLE GA 30503	58-1788134	3	24,700				<b>SOCIAL SERVICES</b>

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Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**  
Open to Public Inspection

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Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**58-1610318**

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

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(1)	REACH GEORGIA FOUNDATION 2082 EAST EXCHANGE PLACE TUCKER GA 30084	47-3727250	3	7,000				EDUCATION
(2)	RIVERSIDE MILITARY ACADEMY 2001 RIVERSIDE DRIVE, NE GAINESVILLE GA 30501	58-0616994	3	75,000				EDUCATION
(3)	SALVATION ARMY - GAINESVILLE 681 DORSEY STREET GAINESVILLE GA 30501	13-5562351	3	76,131				SOCIAL SERVICES
(4)	SAUTEE NACOOCHEE COMMUNITY ASSOCIAT PO BOX 460 SAUTEE NACOOCHEE GA 30571	58-1655784	3	123,121				ARTS & CULTURE
(5)	SAWNEE ASSOCIATION OF THE ARTS, INC 111 PILGRIM MILL ROAD CUMMING GA 30040	58-1562321	3	6,228				ARTS & CULTURE
(6)	SAWNEE BALLET THEATRE INC. 433 CANTON HIGHWAY CUMMING GA 30040	58-2006008	3	6,900				ARTS & CULTURE
(7)	SCHWAB CHARITABLE 1958 SUMMIT PARK DRIVE, SUITE 200 ORLANDO FL 32810	62-0646012	3	100,621				TRANSFER
(8)	SEED SONG CENTER INC. 64 GILL STREET KINGSTON NY 12401	54-2154717	3	6,000				SOCIAL SERVICES
(9)	SERVE TO SERVE INTERNATIONAL INC. PO BOX 2939 CUMMING GA 30028	80-0550218	3	10,000				RELIGION

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OMB No. 1545-0047

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Employer identification number  
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(1)	SHARING GODS LIGHT INC 4668 QUAILWOOD DRIVE FLOWERY BRANCH GA 30542	04-3624275	3	11,000				HEALTH
(2)	SHEPHERD CENTER FOUNDATION 2020 PEACHTREE ROAD, NW ATLANTA GA 30309	20-1238224	3	26,000				HEALTH
(3)	SID WEBER MEMORIAL CANCER FUND PO BOX 485 RABUN GAP GA 30568	20-2394931	3	6,800				HEALTH
(4)	SISU PO BOX 5758 GAINESVILLE GA 30504	58-1622732	3	90,050				EDUCATION
(5)	SOCIETY OF ST. VINCENT DE PAUL 1440 PEARCE CIRCLE GAINESVILLE GA 30501	58-0967972	3	33,448				SOCIAL SERVICES
(6)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	3	10,700				HEALTH
(7)	STRAIGHT STREET REVOLUTION MINISTRI 2145 CENTENNIAL DRIVE GAINESVILLE GA 30504	27-3193902	3	20,000				SOCIAL SERVICES
(8)	STREET GRACE 5995 FINANCIAL DRIVE, SUITE 180 NORCROSS GA 30071	26-4335907	3	10,000				SOCIAL SERVICES
(9)	TETON VALLEY COMMUNITY ANIMAL SHEL P.O. BOX 1507 DRIGGS ID 83422	26-3907374	3	8,300				ANIMAL WELFARE

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(1)	THE ARTS COUNCIL, INC. PO BOX 1632 GAINESVILLE GA 30503	58-1163155	3	8,300				ARTS & CULTURE
(2)	THE BASCOM 323 FRANKLIN ROAD HIGHLANDS NC 28741	56-2093546	3	6,000				ARTS & CULTURE
(3)	THE CHILDREN'S CENTER FOR HOPE AND PO BOX 907401 GAINESVILLE GA 30501	58-1718580	3	25,000				SOCIAL SERVICES
(4)	THE COMMUNITY FOUNDATION OF MIDDLE 3833 CLEGHORN AVE. NASHVILLE TN 37215	62-1471789	3	7,000				SOCIAL SERVICES
(5)	THE HAMBIDGE CENTER FOR CREATIVE AR PO BOX 339 RABUN GAP GA 30568-0339	58-6001278	3	91,921				ARTS & CULTURE
(6)	THE PLACE OF FORSYTH COUNTY, INC. 2550 THE PLACE CIRCLE CUMMING GA 30040	58-2355072	3	40,000				SOCIAL SERVICES
(7)	THE SALVATION ARMY OF GAINESVILLE 681 DORSEY STREET GAINESVILLE GA 30501	58-0660607	3	12,000				SOCIAL SERVICES
(8)	THE TORCH WORSHIP CENTER 800 CANNON BRIDGE ROAD DEMOREST GA 30535	58-1552932	3	24,000				RELIGION
(9)	THE WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD, NW ATLANTA GA 30327	58-0566206	3	20,000				EDUCATION

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- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TRINITY UNITED METHODIST CHURCH P. O. BOX 100 CLERMONT GA 30527	82-3398208	3	55,000				RELIGION
(2)	UNG FOUNDATION, DAHLONEGA CAMPUS 82 COLLEGE CIRCLE DAHLONEGA GA 30597	23-7066297	3	2,700,200				EDUCATION
(3)	UNITED CEREBRAL PALSY OF GEORGIA 3300 NORTHEAST EXPY., NE, BLDG. 9 ATLANTA GA 30341	58-0976462	3	8,000				HEALTH
(4)	UNITED WAY OF HALL COUNTY PO BOX 2656 GAINESVILLE GA 30503	58-6011393	3	102,367				SOCIAL SERVICES
(5)	UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA GA 30597	58-6002060	3	7,000				EDUCATION
(6)	UNIVERSITY OF NORTH GEORGIA FOUNDAT PO BOX 1599 DAHLONEGA GA 30533	23-7066297	3	2,029,794				EDUCATION
(7)	UNIVERSITY SYSTEM OF GEORGIA FOUNDA 270 WASHINGTON STREET S.W. # 7002 ATLANTA GA 30334	58-6333106	3	20,000				EDUCATION
(8)	WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD. SAINT LOUIS MO 63105	43-0653611	3	30,000				EDUCATION
(9)	WESLEYAN SCHOOL 5405 SPALDING DRIVE PEACHTREE CORNERS GA 30092	58-2147411	3	150,000				EDUCATION

- 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) (2021)

**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

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

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

Employer identification number  
**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WHISPERING ANGELS YOUTH RANCH 4549 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	47-1406367	3	28,000				SOCIAL SERVICES
(2)	WHITE COUNTY CARING & SHARING PO BOX 855 CLEVELAND GA 30528	45-0559988	3	10,000				SOCIAL SERVICES
(3)	WHITE COUNTY MIDDLE SCHOOL 283 OLD BLAIRSVILLE RD. CLEVELAND GA 30528	58-6000346	3	40,000				EDUCATION
(4)	WOMENSOURCE PO BOX 684 GAINESVILLE GA 30503	26-2882799	3	23,800				SOCIAL SERVICES
(5)	YOUNG HARRIS COLLEGE PO BOX 247 YOUNG HARRIS GA 30582	58-0593414	3	31,000				EDUCATION
(6)								
(7)								
(8)								
(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) (2021)

**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	221	434,500			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

## Supplemental Information

**SCHEDULE I  
(Form 990)**

**2021**

For calendar year 2021, 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

## Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2021, or tax year beginning , and ending

2021

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.

Employer identification number

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.

## Supplemental Information

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

For calendar year 2021, or tax year beginning , and ending

**2021**

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

Employer identification number

**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

## Supplemental Information

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

**2021**

For calendar year 2021, or tax year beginning , and ending

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

Employer identification number

**58-1610318**

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

EVIDENCE OF PROGRAM CAPACITY (FOR COMPETITIVE GRANTS ONLY):

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

\*SUBMISSION OF FINANCIAL INFORMATION,

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

EVIDENCE OF COMMITMENT TO GRANT TERMS

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

DUE DILIGENCE PROCESS FOR GRANTS

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

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

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

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

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

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

THE NORTH GEORGIA COMMUNITY FOUNDATION DOES NOT MAKE GRANTS TO SUPPORTING

## Supplemental Information

**SCHEDULE I  
(Form 990)**

**2021**

For calendar year 2021, or tax year beginning , and ending

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

Employer identification number

**58-1610318**

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

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

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

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

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



## Supplemental Information

**SCHEDULE I  
(Form 990)**

**2021**

For calendar year 2021, or tax year beginning , and ending

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

Employer identification number

**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.**

## Supplemental Information

**SCHEDULE I  
(Form 990)**

**2021**

For calendar year 2021, or tax year beginning , and ending

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

Employer identification number

**58-1610318**

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

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

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

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

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

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

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

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

Supplemental Information

SCHEDULE I  
(Form 990)

2021

For calendar year 2021, or tax year beginning , and ending

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

Employer identification number

**58-1610318**

**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)**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

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

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

- |  |           |          |
|--|-----------|----------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                           | <b>4a</b> | <b>X</b> |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? ..... | <b>4b</b> | <b>X</b> |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....    | <b>4c</b> | <b>X</b> |
- 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:

- |  |           |          |
|--|-----------|----------|
| <b>a</b> The organization? .....         | <b>5a</b> | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> | <b>X</b> |
- 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:

- |  |           |          |
|--|-----------|----------|
| <b>a</b> The organization? .....         | <b>6a</b> | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> | <b>X</b> |
- 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

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHELLE PRATER PRESIDENT - CEO	(i)	162,884	17,328	0	10,397	0	190,609	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. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**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	<b>X</b>	<b>157</b>	<b>4,147,949</b>	<b>FAIR MARKET VALUE</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶( )				
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

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

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
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?	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<b>X</b>	
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) 2021

**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)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>58-1610318</b>
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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** \$ **676,202**

**ASC 958 REALIZED** \$ **605,947**

**TOTAL** \$ **1,282,149**

Form **990-T**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>340 JESSE JEWELL PKWY. SE STE 605</b> City or town, state or province, country, and ZIP or foreign postal code <b>GAINESVILLE GA 30501</b>	<b>D</b> Employer identification number  <b>58-1610318</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>121,312,465</b>				

**G** Check organization type ▶  501(c) corporation     501(c) trust     401(a) trust     Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941     Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

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

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

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	189,847
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	189,847
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	189,847
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	189,847
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	188,847

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	39,658
2 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	39,658

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		<b>39,658</b>
<b>3</b> Other amounts due. 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)	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		<b>39,658</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		
<b>6a</b> Payments: A 2020 overpayment credited to 2021	<b>6a</b>	<b>2,763</b>	
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	<b>35,941</b>	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	<b>1,000</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>		<b>39,704</b>
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		<b>46</b>
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax 46 Refunded</b>	<b>11</b>		

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

	Yes	No
<b>1</b> At any time during the 2021 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		<b>X</b>
<b>2</b> 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.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Did the organization change its method of accounting? (see instructions)		<b>X</b>
<b>b</b> If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	J. CHRIS HOLLIFIELD	J. CHRIS HOLLIFIELD			P00939610
	Firm's name	Firm's EIN			
RUSHTON, LLC				87-1753047	
P.O. BOX 2917					
Firm's address				Phone no.	
GAINESVILLE, GA 30503				770-287-7800	

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

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>NORTH GEORGIA COMMUNITY FOUNDATION,</b>	<b>B</b> Employer identification number <b>58-1610318</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>561000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <u>292,459</u>			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b> 292,459		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 292,459		292,459
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 292,459		292,459

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	36,042
<b>2</b> Salaries and wages	<b>2</b>	38,616
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	5,973
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	0
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	3,528
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 1</b>	<b>14</b>	18,453
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>	102,612
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	189,847
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	189,847

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold**

Enter method of inventory valuation ▶

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

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ \_\_\_\_\_

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

--	--	--	--

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ \_\_\_\_\_

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ \_\_\_\_\_

9 Allocable deductions. Multiply line 3c by line 6

--	--	--	--

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ \_\_\_\_\_

11 **Total dividends-received deductions** included in line 10 ▶ \_\_\_\_\_

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

1. Name of controlled organization	2. Employer identification number	Exempt 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)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
5 Gross income from activity that is not unrelated business income	<b>5</b>
6 Expenses attributable to income entered on line 5	<b>6</b>
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	<b>7</b>

**Part IX Advertising Income**

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

<b>A</b>	<input type="checkbox"/>	_____
<b>B</b>	<input type="checkbox"/>	_____
<b>C</b>	<input type="checkbox"/>	_____
<b>D</b>	<input type="checkbox"/>	_____

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

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross advertising income .....				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) .....

<b>3</b> Direct advertising costs by periodical .....				
---	--	--	--	--

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) .....

<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
--	--	--	--	--

<b>5</b> Readership costs .....				
---------------------------------	--	--	--	--

<b>6</b> Circulation income .....				
-----------------------------------	--	--	--	--

<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
---	--	--	--	--

<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
---	--	--	--	--

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>MICHELLE PRATER</b>	<b>PRESIDENT</b>	<b>100.00%</b>	<b>36,042</b>
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 .....

**Part XI Supplemental Information (see instructions)**



**Federal Statements**

**Unrelated Business Activity**

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

<u>Deduction Description</u>	<u>Deduction Amount</u>
OFFICE SUPPLIES	\$ 250
COMPUTER MAINT	15,001
OTHER FACILITIES COST	<u>3,202</u>
TOTAL	<u>\$ 18,453</u>

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2021**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://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**

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.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>1,050,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,620,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	<b>13</b>	

**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.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>48,701</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2021	<b>17</b>	<b>53</b>
<b>18</b>	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 2021 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	<b>48,754</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605		X	802	10 MQ200DB	1,401	53
			<u>1,605</u>			<u>802</u>		<u>1,401</u>	<u>53</u>
<b>Other Depreciation:</b>									
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	240,409	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877			559,877	40 MO S/L	267,108	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	51,350	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695			26,695	40 MO S/L	12,736	667
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	246,798	17,524
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456			1,456	40 MO S/L	470	37
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325			9,325	15 MO S/L	7,564	621
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800			8,800	15 MO S/L	7,187	586
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850			15,850	40 MO S/L	4,788	396
71	HEAT PUMP - INDOOR	2/09/12	2,000			2,000	10 MO S/L	1,783	50
	Sold/Scrapped: 4/12/21								
72	HEAT PUMP - OUTDOOR	2/09/12	2,000			2,000	10 MO S/L	1,783	50
	Sold/Scrapped: 4/12/21								
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
80	HP Laser Jet P3015 Printer	2/18/14	0			0	0 HY	0	0
	Sold/Scrapped: 7/12/21								
81	HP Laser Jet Printer P3015N	12/23/14	0			0	0 HY	0	0
	Sold/Scrapped: 7/12/21								
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
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
91	SPECTRUM WEB SYSTEM ENTERPRIS.	4/01/15	0			0	0 HY	0	0
	Sold/Scrapped: 4/12/21								
93	SONICWALL FIREWALL TZ 300 UTM I	3/02/16	0			0	0 HY	0	0
	Sold/Scrapped: 4/12/21								
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
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
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
114	GAS FURNACE SYSTEM INDOOR/OUT	5/06/21	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>2,518,731</u>			<u>2,518,731</u>		<u>868,646</u>	<u>48,701</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,518,731</u>			<u>2,518,731</u>		<u>868,646</u>	<u>48,701</u>

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		2,520,336			2,519,533		870,047	48,754
	<b>Less: Dispositions and Transfers</b>		4,000			4,000		3,566	100
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,516,336</u>			<u>2,515,533</u>		<u>866,481</u>	<u>48,654</u>

58-1610318

**GA Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
<b>Prior MACRS:</b>								
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	1,605	1,197	106	53	-53
			<u>1,605</u>	<u>1,605</u>	<u>1,197</u>	<u>106</u>	<u>53</u>	<u>-53</u>
<b>Other Depreciation:</b>								
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	240,409	12,173	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	559,877	267,108	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	51,350	2,600	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	26,695	12,736	667	667	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	246,798	17,524	17,524	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	1,456	470	37	37	0
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325	9,325	7,564	621	621	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800	8,800	7,187	586	586	0
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850	15,850	4,788	396	396	0
71	HEAT PUMP - INDOOR	2/09/12	2,000	2,000	1,783	50	50	0
	Sold/Scrapped: 4/12/21							
72	HEAT PUMP - OUTDOOR	2/09/12	2,000	2,000	1,783	50	50	0
	Sold/Scrapped: 4/12/21							
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
80	HP Laser Jet P3015 Printer	2/18/14	0	0	0	0	0	0
	Sold/Scrapped: 7/12/21							
81	HP Laser Jet Printer P3015N	12/23/14	0	0	0	0	0	0
	Sold/Scrapped: 7/12/21							
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
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
91	SPECTRUM WEB SYSTEM ENTERPRIS.	4/01/15	0	0	0	0	0	0
	Sold/Scrapped: 4/12/21							
93	SONICWALL FIREWALL TZ 300 UTM I	3/02/16	0	0	0	0	0	0
	Sold/Scrapped: 4/12/21							
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
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
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
114	GAS FURNACE SYSTEM INDOOR/OUT	5/06/21	0	0	0	0	0	0
	<b>Total Other Depreciation</b>		<u>2,518,731</u>	<u>2,518,731</u>	<u>868,646</u>	<u>48,701</u>	<u>48,701</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,518,731</u>	<u>2,518,731</u>	<u>868,646</u>	<u>48,701</u>	<u>48,701</u>	<u>0</u>

**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
	<b>Grand Totals</b>		2,520,336	2,520,336	869,843	48,807	48,754	-53
	<b>Less: Dispositions</b>		4,000	4,000	3,566	100	100	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>2,516,336</u>	<u>2,516,336</u>	<u>866,277</u>	<u>48,707</u>	<u>48,654</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
<b>Grand Total</b>			<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
<b>Prior MACRS:</b>					
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	52	0
			<u>1,605</u>	<u>52</u>	<u>0</u>
<b>Other Depreciation:</b>					
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	668	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	36	0
64	UPPER PARKING LOT DRAINAGE PROJEC	10/27/08	9,325	622	0
65	PATH TO OVERFLOW PARKING LOT PROJ	10/09/08	8,800	587	0
66	PRESSURE GROUTING/FLOOR LEVELING I	12/08/08	15,850	397	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
83	WATER HEATER - SUITE C	9/30/15	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SU	5/26/15	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SMART	12/08/15	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SMART	12/08/15	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SMART	12/08/15	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 SYST	2/05/18	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTI	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 FOC	10/21/20	0	0	0
113	TRAINING TABLE	11/26/20	0	0	0
114	GAS FURNACE SYSTEM INDOOR/OUTDOC	5/06/21	0	0	0
	<b>Total Other Depreciation</b>		<u>2,514,731</u>	<u>48,604</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,514,731</u>	<u>48,604</u>	<u>0</u>
	<b>Grand Totals</b>		<u>2,516,336</u>	<u>48,656</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>GA</u>
<b><u>Prior MACRS:</u></b>				
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	105
			<u>1,605</u>	<u>105</u>
<b><u>Other Depreciation:</u></b>				
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	668
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	36
64	UPPER PARKING LOT DRAINAGE PROJEC	10/27/08	9,325	622
65	PATH TO OVERFLOW PARKING LOT PROJ	10/09/08	8,800	587
66	PRESSURE GROUTING/FLOOR LEVELING I	12/08/08	15,850	397
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
83	WATER HEATER - SUITE C	9/30/15	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SU	5/26/15	0	0
87	75" SAMSUNG LED FLAT SCREEN SMART	12/08/15	0	0
88	55" SAMSUNG LED FLAT SCREEN SMART	12/08/15	0	0
89	55" SAMSUNG LED FLAT SCREEN SMART	12/08/15	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 SYST	2/05/18	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTI	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 FOC	10/21/20	0	0
113	TRAINING TABLE	11/26/20	0	0
114	GAS FURNACE SYSTEM INDOOR/OUTDOC	5/06/21	0	0
	<b>Total Other Depreciation</b>		<u>2,514,731</u>	<u>48,604</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,514,731</u>	<u>48,604</u>
	<b>Grand Totals</b>		<u>2,516,336</u>	<u>48,709</u>

**NORTH GEORGIA COMMUNITY FOUNDATION,  
INC.**

**58-1610318 FORM 990-T ESTIMATES**

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

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

OMB No. 1545-0047

**2022**

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

1	Unrelated business taxable income expected in the tax year	1	
2	<b>Tax on the amount on line 1.</b> See instructions for tax computation <b>LIABILITY ADJUSTMENT</b>	2	39,658
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	39,658
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	39,658
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	39,658
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	39,658
b	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	39,658

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions	11	04/18/22	06/15/22	09/15/22	12/15/22
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	9,700	10,129	9,915	9,915
13	<b>2021 Overpayment.</b> See instructions *	13	9,700	46		
14	<b>Payment due</b> (Subtract line 13 from line 12)	14		10,083	9,915	9,915

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

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

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2021</b>
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Name <b>NORTH GEORGIA COMMUNITY FOUNDATION,</b>	Taxpayer Identification Number <b>58-1610318</b>
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**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. <b>UNRELATED BUSINESS ACTIVITY</b>	<b>561000</b>	1. <b>189,847</b>	
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. <b>189,847</b>	

**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****2021**

For calendar year 2021, 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>JENNY MELTON</u> (event type)	<u>REGION 2 RTAC E</u> (event type)	<u>VISION 2030 PUB</u> (event type)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>22,354</b>	<b>16,555</b>	<b>10,956</b>	<b>55,865</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>22,354</b>	<b>16,555</b>	<b>10,956</b>	<b>55,865</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses		<b>45,999</b>	<b>735</b>	<b>46,734</b>

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

**Fundraising Other Events**

**2021**

For calendar year 2021, 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 (add col. (a) through col. (c))
		<u>SPRING CHICKEN</u> (event type)	_____ (event type)	_____ (event type)	
Revenue	<b>1</b> Gross receipts	<b>6,000</b>			
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>6,000</b>			
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses				

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

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

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	24,584,752	20,306,402	-4,278,350
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	691,121	694,055	2,934
	5. Investment income	2,101,247	5,588,423	3,487,176
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	2,332,692	2,623,510	290,818
	8. Net income or (loss) from fundraising events	-20,960	74,812	95,772
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>29,688,852</b>	<b>29,287,202</b>	<b>-401,650</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	11,698,837	16,477,760	4,778,923
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	158,124	180,212	22,088
	16. Salaries, other compensation, and employee benefits	685,469	705,273	19,804
	17. Professional fundraising fees			
	18. Other professional fees	44,843	62,335	17,492
	19. Occupancy, rent, utilities, and maintenance	102,889	154,073	51,184
	20. Depreciation and Depletion	73,548	72,788	-760
	21. Other expenses	507,363	499,893	-7,470
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>13,271,073</b>	<b>18,152,334</b>	<b>4,881,261</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>16,417,779</b>	<b>11,134,868</b>	<b>-5,282,911</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue	29,688,852	29,287,202	-401,650
	25. Total unrelated revenue	285,733	292,459	6,726
	26. Total excludable revenue	4,820,095	8,616,707	3,796,612
	27. Total assets	106,802,389	121,312,465	14,510,076
	28. Total liabilities	5,027,036	3,781,625	-1,245,411
	29. Retained earnings	101,775,353	117,530,840	15,755,487
	30. Number of voting members of governing body	26	24	
31. Number of independent voting members of governing body	26	24		
32. Number of employees	10	7		
33. Number of volunteers	25	30		

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

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

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	185,306	189,847	4,541
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	<b>5. Taxable income before NOL loss</b>	<b>185,306</b>	<b>189,847</b>	<b>4,541</b>
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	<b>8. Unrelated business taxable income.</b>	<b>184,306</b>	<b>188,847</b>	<b>4,541</b>
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)	38,704	39,658	954
	10. Proxy tax			
	11. Other taxes			
	<b>12. Total taxes</b>	<b>38,704</b>	<b>39,658</b>	<b>954</b>
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	<b>16. Total credits</b>			
	<b>17. Net tax after credits</b>	<b>38,704</b>	<b>39,658</b>	<b>954</b>
	18. Recapture taxes and 965 tax			
<b>19. Total Taxes</b>	<b>38,704</b>	<b>39,658</b>	<b>954</b>	
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments	41,529	38,704	-2,825
	21. Payment made with extension		1,000	1,000
	22. Backup withholding and foreign withholding			
	23. Other payments			
	<b>24. Total payments</b>	<b>41,529</b>	<b>39,704</b>	<b>-1,825</b>
	<b>25. Balance due/(Overpayment)</b>	<b>-2,825</b>	<b>-46</b>	<b>2,779</b>
	26. Overpayment applied to next year	2,763	46	-2,717
	27. Penalties	62		-62
	<b>28. Total due/(Refund)</b>			
29. Activity Losses NOL (Post-2017)				



Form **SchA**(990†)**Two Year Comparison for Unrelated Business Activity****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Organization Name

**NORTH GEORGIA COMMUNITY FOUNDATION,**

Taxpayer Identification Number

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

		2020	2021	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1. <b>285,733</b>	<b>292,459</b>	<b>6,726</b>	
	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.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>285,733</b>	<b>292,459</b>	<b>6,726</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12. <b>31,625</b>	<b>36,042</b>	<b>4,417</b>	
	13. Other salaries and wages	13. <b>43,444</b>	<b>38,616</b>	<b>-4,828</b>	
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17. <b>5,723</b>	<b>5,973</b>	<b>250</b>	
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.	<b>3,528</b>	<b>3,528</b>	
	21. Other deductions	21. <b>19,635</b>	<b>18,453</b>	<b>-1,182</b>	
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>	<b>100,427</b>	<b>102,612</b>	<b>2,185</b>
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>185,306</b>	<b>189,847</b>	<b>4,541</b>
	24. Deductible losses	24.			
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>185,306</b>	<b>189,847</b>	<b>4,541</b>

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>		Employer Identification Number <b>58-1610318</b>

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	11,596,086	17,374,634	13,453,493	24,584,752	20,306,402	
Membership dues						
Program service revenue	428,885	570,298	648,866	691,121	694,055	
Capital gain or loss	158,598	578,086	1,187,526	2,332,692	2,623,510	
Investment income	2,465,175	3,949,563	3,228,621	2,101,247	5,588,423	
Fundraising revenue (income/loss)	-37,724	-30,807	278,797	-20,960	74,812	
Gaming revenue (income/loss)						
Other revenue						
<b>Total revenue</b>	<b>14,611,020</b>	<b>22,441,774</b>	<b>18,797,303</b>	<b>29,688,852</b>	<b>29,287,202</b>	
Grants and similar amounts paid	8,311,404	7,133,948	15,964,250	11,698,837	16,477,760	
Benefits paid to or for members						
Compensation of officers, etc.	123,146	139,605	140,250	158,124	180,212	
Other compensation	302,961	371,078	534,736	685,469	705,273	
Professional fees	50,481	43,032	83,887	44,843	62,335	
Occupancy costs	73,025	66,769	72,361	102,889	154,073	
Depreciation and depletion	65,454	72,872	77,904	73,548	72,788	
Other expenses	533,362	570,631	714,777	507,363	499,893	
<b>Total expenses</b>	<b>9,459,833</b>	<b>8,397,935</b>	<b>17,588,165</b>	<b>13,271,073</b>	<b>18,152,334</b>	
<b>Excess or (Deficit)</b>	<b>5,151,187</b>	<b>14,043,839</b>	<b>1,209,138</b>	<b>16,417,779</b>	<b>11,134,868</b>	
<b>Total exempt revenue</b>	<b>14,611,020</b>	<b>22,441,774</b>	<b>18,797,303</b>	<b>29,688,852</b>	<b>29,287,202</b>	
Total unrelated revenue	230,847	271,854	287,471	285,733	292,459	
Total excludable revenue	2,787,534	4,794,184	5,014,775	4,820,095	8,616,707	
Total Assets	60,952,112	68,333,072	77,237,160	106,802,389	121,312,465	
Total Liabilities	1,269,180	847,598	874,355	5,027,036	3,781,625	
Net Fund Balances	59,682,932	67,485,474	76,362,805	101,775,353	117,530,840	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>	Employer Identification Number <b>58-1610318</b>
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\* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss .....	230,847	271,854	287,471			
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....	<b>230,847</b>	<b>271,854</b>	<b>287,471</b>	<b>185,306</b>	<b>189,847</b>	
Compensation of officers, ect. ....	18,472	20,941	21,038			
Other salaries and wages .....	26,800	31,786	39,328			
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....	3,622	4,218	4,829			
Charitable contributions .....						
Depreciation and Depletion .....	751	781				
Deferred compensation plans .....						
Employee benefit programs .....	917	975	1,493			

<b>Form 990T</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>		Employer Identification Number <b>58-1610318</b>

	2017	2018	2019	2020	2021	2022
Other deductions .....	15,937	11,173	22,025			
<b>Net income (first activity, year 2019 &amp; prior)</b> .....	<b>164,348</b>	<b>201,980</b>	<b>198,758</b>	<b>185,306</b>	<b>189,847</b>	
UBTI from all trades .....	164,348	201,980	198,758	185,306	189,847	
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000	1,000	1,000	1,000	1,000	
Section 199A deduction (trusts) .....						
<b>Income after deductions</b> .....	<b>163,348</b>	<b>200,980</b>	<b>197,758</b>	<b>184,306</b>	<b>188,847</b>	
Income tax (corporate or trust) .....	46,956	42,206	41,529	38,704	39,658	
Other taxes .....						
<b>Total taxes</b> .....	<b>46,956</b>	<b>42,206</b>	<b>41,529</b>	<b>38,704</b>	<b>39,658</b>	
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....	<b>46,956</b>	<b>42,206</b>	<b>41,529</b>	<b>38,704</b>	<b>39,658</b>	
Estimated tax payments .....	45,456	46,506	42,207	41,529	38,704	
Other payments .....	27,450				1,000	
<b>Balance due/Overpayment</b> .....	<b>-25,950</b>	<b>-4,300</b>	<b>-678</b>	<b>-2,825</b>	<b>-46</b>	

**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	\$ 4,777,025		14			
INVESTMENT INCOME ON AGENCY E	1,160,256		14			
FEEES ON AGENCY FUNDS	-200,722		14			
SPLIT INTEREST AGREEMENT	-148,136		14			
TOTAL	<u>\$ 5,588,423</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER	\$ 26,282	\$ 25,997	\$ 199	\$ 86
TOTAL	<u>\$ 26,282</u>	<u>\$ 25,997</u>	<u>\$ 199</u>	<u>\$ 86</u>

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

Description	Amount
UNITED WAY	\$ 765,208
AGENCY CONTRIBUTIONS	4,254,016
CONTRIBUTIONS	11,139,229
CONTRIBUTIONS - NON SCHEDULE B, FR	
NON CASH	4,147,949
TOTAL	\$ <u>20,306,402</u>

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

Description	Amount
INVESTMENT REVENUE	\$ 4,777,025
INVESTMENT INCOME ON AGENCY E	1,160,256
FEEES ON AGENCY FUNDS	-200,722
SPLIT INTEREST AGREEMENT	-148,136
TOTAL	\$ <u>5,588,423</u>

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

Description	Amount
ADMINISTRATIVE FEES	\$ 292,459
LESS: DEDUCTIONS	-67,570
TOTAL	\$ <u>224,889</u>

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

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$
MISCELLANEOUS	7,126
TOTAL	\$ <u>7,126</u>

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

<u>Description</u>	<u>Amount</u>
OFFICE RENTAL TO NON PROFITS	\$ 104,770
OTHER	21,815
FOUNDATION FEES - OTHER	275,011
FORSYTH BYOT FUND	44,225
PHILANTHROPIST OF THE YEAR	
WE CARE FUND	
REGION 2 RTAC EDUC FUND	16,555
SPRING CHICKEN FESTIVAL	6,000
SHEEPDOG FISCAL SPONSORSHIP	
AMPED KIDS FOUNDATION	
JENNY MELTON	22,354
LAKE RABUN FUND	54,450
VISION 2030 PUB ART FUND	10,956
OFFICE RENTAL	
TOTAL	\$ <u>556,136</u>



**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>27,584</u>
TOTAL	\$ <u><u>27,584</u></u>

**Federal Statements**

**MISCELLANEOUS**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
TOTAL UNDER 5,000	\$ <u>3,948</u>
TOTAL	\$ <u><u>3,948</u></u>

**Federal Statements**

**REGION 2 RTAC EDUC FUND**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
REGION 2 RTAC EDUC FUND	\$ 45,999
TOTAL	\$ 45,999

**Federal Statements**

**Amped Kids Foundation**

**Other Direct Fundraising or Gaming Expenses**

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

**Federal Statements**

**Lake Rabun Fund**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
LAKE RABUN EXPENSE	\$ 8,588
TOTAL	\$ 8,588

**Federal Statements**

**Cash - EOY**

<u>Description</u>	<u>Amount</u>
CASH	\$ 7,764,367
CASH HELD IN TRUST	51,368
TOTAL	<u>\$ 7,815,735</u>

**Accounts receivable - EOY**

<u>Description</u>	<u>Amount</u>
	\$ 406,865
TOTAL	<u>\$ 406,865</u>

**Accounts payable - EOY**

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 28,331
TOTAL	<u>\$ 28,331</u>

**Revenue-net unrealized gains**

<u>Description</u>	<u>Amount</u>
FINANCIAL STATEMENT	\$ 2,992,384
TOTAL	<u>\$ 2,992,384</u>

**Federal Statements**

**Forsyth BYOT Fund**

**Gross receipts**

<u>Description</u>	<u>Amount</u>
FORSYTH BYOT	\$ <u>44,225</u>
TOTAL	\$ <u><u>44,225</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>292,459</u>
TOTAL	\$ <u><u>292,459</u></u>

**Federal Statements**

**We Care Fund**

**Gross receipts**

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

**Federal Statements**

**MISCELLANEOUS**

**Gross receipts**

<u>Description</u>	<u>Amount</u>
TOTAL UNDER \$5,000	\$ <u>7,126</u>
TOTAL	\$ <u><u>7,126</u></u>

**Federal Statements**

**Spring Chicken Festival**

**Gross receipts**

<u>Description</u>	<u>Amount</u>
REVENUE	\$ <u>6,000</u>
TOTAL	\$ <u><u>6,000</u></u>

## Georgia Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

### NORTH GEORGIA COMMUNITY FOUNDATION, INC.

#### Annual Reporting Information

Federal employer identification number	<u>58-1610318</u>
Annual Reporting, Federal 990	<u>X</u>
Annual Reporting, Federal 990PF	_____
Georgia 600-T, Unrelated Business Income	<u>X</u>
Return due date/ Extended due date	<u>11/15/22</u>
Amended (GA 600-T)	_____

#### Charitable Registration Information

Georgia registration number	_____
Initial Application	_____
Renewal	_____
Reinstatement	_____
Amended (C100)	_____
<b>C100 Registration Fee</b>	_____

#### Income

Georgia taxable income (unrelated business income)	<u>188,847</u>
--	----------------

#### Tax

Tax on taxable income	<u>10,859</u>
-----------------------	---------------

#### Credits and Payments

Payments and Credits	10,599		
Withholding Credits	_____		
Schedule 3B Refundable Tax Credits	_____		
<b>Total payments</b>	_____		<u>10,599</u>

#### Net tax due /-overpayment

260

#### Penalties and Interest

Underpayment tax penalty	2		
Interest and Other Penalties	_____		

#### Net amount due/-refund

262

#### Overpayment to be credited to next year's estimated tax

\_\_\_\_\_

#### Balance due/-refund

262

#### Next Year's Estimates

1st quarter			
2nd quarter	2,730		
3rd quarter	2,715		
4th quarter	2,715		
<b>Total</b>	_____		<u>8,160</u>

# SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 105136**  
**Atlanta, Georgia 30348-5136**

**Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the 611 Booklet for more information.**

This form should also be used by a partnership or a Subchapter S Corporation that makes or is planing to make the irrevocable election to pay tax at the entity level.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website [dor.georgia.gov](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://dor.georgia.gov/approved-software-vendors).

## CORPORATION AND PARTNERSHIP ESTIMATED TAX WORKSHEET

1. Amount of taxable income expected during the current year .....	\$	_____
2. Estimated Tax (5.75 percent of Line 1) .....	\$	_____
3. Less Credits .....	\$	_____
4. Less Credit for 2021 overpayment if credit was elected on Form 600 .....	\$	_____
5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero) .....	\$	_____
6. Computation of installment: (check box below and enter amount.) .....	\$	_____

If first payment is  April 15, 2022, enter 1/4 of Line 5  Sept. 15, 2022, enter 1/2 of Line 5  
 due to be filed on  June 15, 2022, enter 1/3 of Line 5  Dec. 15, 2022, enter amount of Line 5


If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday.

Amount Due ..... \$ \_\_\_\_\_

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.**  
**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

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<b>602 ES</b> (Rev. 08/18/21) <b>Corporate and Partnership</b> <b>Estimated Tax</b> Telephone No. 1-877-423-6711 <b>2022</b> Fiscal Year	 2260201211		<b>BUSINESS NAME AND ADDRESS</b> NORTH GEORGIA COMMUN INC. 340 JESSE JEWELL PKW GAINESVILLE GA 30501			
			TYPE OF RETURN <input checked="" type="checkbox"/> 03-Corporate <input type="checkbox"/> 35-Partnership <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Tax Year Change			
Ending	FEI Number	Tax Year	Year Ending	Due Date	Payment #	Vendor Code
	58-1610318	2022	12-31-22	06-15-22	2	012
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.			Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.			
PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 105136 ATLANTA GA 30348-5136			Signature _____ Title _____ Telephone <b>770-535-7880</b> Date _____			

**Amount Paid \$ 2,730.00**

6025816103180081231220615222220000001200002730004

# SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center  
Georgia Department of Revenue  
PO Box 105136  
Atlanta, Georgia 30348-5136**

**Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the 611 Booklet for more information.**

This form should also be used by a partnership or a Subchapter S Corporation that makes or is planing to make the irrevocable election to pay tax at the entity level.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website [dor.georgia.gov](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://dor.georgia.gov/approved-software-vendors).

## CORPORATION AND PARTNERSHIP ESTIMATED TAX WORKSHEET

1. Amount of taxable income expected during the current year .....	\$	_____
2. Estimated Tax (5.75 percent of Line 1) .....	\$	_____
3. Less Credits .....	\$	_____
4. Less Credit for 2021 overpayment if credit was elected on Form 600 .....	\$	_____
5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero) .....	\$	_____
6. Computation of installment: (check box below and enter amount.) .....	\$	_____

If first payment is  April 15, 2022, enter 1/4 of Line 5  Sept. 15, 2022, enter 1/2 of Line 5  
 due to be filed on  June 15, 2022, enter 1/3 of Line 5  Dec. 15, 2022, enter amount of Line 5


If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday.

Amount Due ..... \$ \_\_\_\_\_

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.  
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

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<b>602 ES</b> (Rev. 08/18/21) <b>Corporate and Partnership Estimated Tax</b> Telephone No. 1-877-423-6711 <b>2022</b> Fiscal Year	 2260201211		<b>BUSINESS NAME AND ADDRESS</b> NORTH GEORGIA COMMUN INC. 340 JESSE JEWELL PKW GAINESVILLE GA 30501		
	Ending TYPE OF RETURN <input checked="" type="checkbox"/> 03-Corporate <input type="checkbox"/> 35-Partnership <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Tax Year Change				
FEI Number <b>58-1610318</b>	Tax Year <b>2022</b>	Year Ending <b>12-31-22</b>	Due Date <b>09-15-22</b>	Payment # <b>3</b>	Vendor Code <b>012</b>
PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.			Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.		
PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 105136 ATLANTA GA 30348-5136			Signature _____ Title _____ Telephone <b>770-535-7880</b> Date _____		

**Amount Paid \$ 2,715.00**

6025816103180081231220915223220000001200002715009



# SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Mail payment to:

**Processing Center**  
**Georgia Department of Revenue**  
**PO Box 105136**  
**Atlanta, Georgia 30348-5136**

**Failure to comply with the provisions of the law may result in a penalty of 5% of the income tax for failure to pay estimated tax and a charge at the rate of 9% per annum for underpayment of estimated tax. See Form 600UET and the 611 Booklet for more information.**

This form should also be used by a partnership or a Subchapter S Corporation that makes or is planing to make the irrevocable election to pay tax at the entity level.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website [dor.georgia.gov](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://dor.georgia.gov/approved-software-vendors).

## CORPORATION AND PARTNERSHIP ESTIMATED TAX WORKSHEET

1. Amount of taxable income expected during the current year .....	\$	_____
2. Estimated Tax (5.75 percent of Line 1) .....	\$	_____
3. Less Credits .....	\$	_____
4. Less Credit for 2021 overpayment if credit was elected on Form 600 .....	\$	_____
5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero) .....	\$	_____
6. Computation of installment: (check box below and enter amount.) .....	\$	_____

If first payment is  April 15, 2022, enter 1/4 of Line 5  Sept. 15, 2022, enter 1/2 of Line 5  
 due to be filed on  June 15, 2022, enter 1/3 of Line 5  Dec. 15, 2022, enter amount of Line 5


If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not on a weekend or holiday.

Amount Due ..... \$ \_\_\_\_\_

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. See instructions.

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.**  
**PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

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<b>602 ES</b> (Rev. 08/18/21) <b>Corporate and Partnership</b> <b>Estimated Tax</b> Telephone No. 1-877-423-6711 <b>2022</b> Fiscal Year Ending	 2260201211		<b>BUSINESS NAME AND ADDRESS</b> NORTH GEORGIA COMMUN INC. 340 JESSE JEWELL PKW GAINESVILLE GA 30501		
	TYPE OF RETURN <input checked="" type="checkbox"/> 03-Corporate <input type="checkbox"/> 35-Partnership <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Tax Year Change				
FEI Number <b>58-1610318</b>	Tax Year <b>2022</b>	Year Ending <b>12-31-22</b>	Due Date <b>12-15-22</b>	Payment # <b>4</b>	Vendor Code <b>012</b>
<b>PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.</b>			Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.		
PROCESSING CENTER GEORGIA DEPARTMENT OF REVENUE PO BOX 105136 ATLANTA GA 30348-5136			Signature _____ Title _____ Telephone <b>770-535-7880</b> Date _____		
				<b>Amount Paid \$ 2,715.00</b>	

60258161031800812312212152242220000001200002715001

## Instructions for the Payment Voucher (PV CORP)

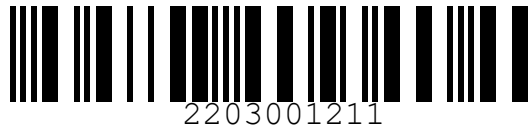
1. Only complete this voucher if you owe taxes.
2. If you are filing a paper return mail your return, PV Corp and your payment to the address that appears on the return.
3. **Do not** mail your paper return with your voucher and payment if you are filing electronically. Mail only your voucher and payment to the address below.
4. Write your Federal Employer Identification Number on your check or money order.
5. **Do not** use staples to attach your check. Remove your check stub and keep with your records.
6. If the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from the Georgia Department of Revenue's website [dor.georgia.gov](http://dor.georgia.gov) or one produced by an approved software company listed at [dor.georgia.gov/approved-software-vendors](http://dor.georgia.gov/approved-software-vendors).

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.  
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

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**PV CORP** (Rev. 05/26/21)  
Corporate and Partnership  
Payment Voucher  
**2021**



**MAIL TO:**  
Processing Center  
Georgia Department of Revenue  
PO Box 740317  
Atlanta, GA 30374-0317

Paper Return     Electronically Filed

TYPE OF RETURN:  03-Corporate     35-Partnership

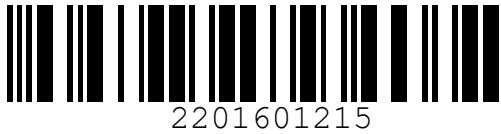
FEI Number <b>58-1610318</b>	Income Tax Year <b>2021</b>	Beginning Date	Ending Date	Vendor Code <b>012</b>
Name (Type or print plainly the exact Company Name) <b>NORTH GEORGIA COMMUNITY FOUNDA</b>			E-mail Address <b>MPRATER@NGCF.ORG</b>	
Business Address <b>340 JESSE JEWELL PKWY. SE STE</b>		City <b>GAINESVILLE</b>	State <b>GA</b>	Zip Code <b>30501</b>
Title	Telephone <b>770-535-7880</b>	Signature	Date	

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

**Amount Paid \$ 262.00**

**0305816103180081231211200000000000001200000262009**

**Georgia Form 600-T** (Rev. 08/02/21)  
 Exempt Organization  
 Unrelated Business Income Tax Return

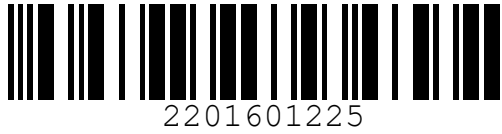


**Mailing Address:**  
 Georgia Department of Revenue  
 Processing Center  
 PO Box 740397  
 Atlanta, Georgia 30374-0397

Page 1

Amended  Amended due to IRS Audit  Address Change  UET Annualization Exception attached

For the taxable year beginning <u>01/01</u> , 2021 and ending <u>12/31</u> , 2021					
Name of Organization		Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
<b>NORTH GEORGIA COMMUNITY F</b>		<b>NORTH GEORGIA COMMUNITY F</b>			
Number and Street		Number and Street			
<b>340 JESSE JEWELL PKWY. SE</b>		<b>340 JESSE JEWELL PKWY. SE</b>		<b>58-1610318</b>	
City or Town		City or Town		NAICS Code	Date of current exemption letter.
<b>GAINESVILLE</b>		<b>GAINESVILLE</b>			IRS code section for which you are exempt.
State	Zip Code	State	Zip Code		
<b>GA</b>	<b>30501</b>	<b>GA</b>	<b>30501</b>	<b>561000</b>	<b>501 (C) (3)</b>
<b>Georgia Unrelated Business Taxable Income</b>				<b>SCHEDULE 1</b>	
1. Unrelated business taxable income from Federal Form 990-T (attach copy) .....		1.		<b>188,847</b>	
2. Additions .....		2.			
3. Total (add Line 1 and Line 2) .....		3.		<b>188,847</b>	
4. Subtractions .....		4.			
5. Adjusted unrelated business taxable income (Line 3 less Line 4) .....		5.		<b>188,847</b>	
6. Income allocated everywhere .....		6.			
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) .....		7.		<b>188,847</b>	
8. Apportionment ratio (Attach Computation Schedule) .....		8.		<b>1.000000</b>	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) .....		9.		<b>188,847</b>	
10. Income allocated to Georgia (Attach Schedule) .....		10.			
11. Total of Lines 9 and 10 .....		11.		<b>188,847</b>	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) .....		12.			
13. Georgia unrelated business taxable income (Line 11 less Line 12) .....		13.		<b>188,847</b>	



Name NORTH GEORGIA COMMUNITY FOUNDATION,

FEIN 58-1610318

<b>COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX</b>	<b>SCHEDULE 2</b>
1. Line 13, Schedule 1 multiplied by 5.75% .....	1. <b>10,859</b>
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2 .....	2.
3. Less: Payments .....	3. <b>10,599</b>
4. Withholding Credits (G2-A, G2-LP and/or G2-RP) .....	4.
5. Schedule 3B Refundable tax credits .....	5.
6. Balance of tax due OR overpayment .....	6. <b>260</b>
7. Interest due (See Instructions) .....	7.
8. Underestimated tax penalty .....	8. <b>2</b>
9. Other penalties due (See Instructions) .....	9.
10. Balance of tax, interest and penalties due with return .....	10. <b>262</b>
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>20</u>	
<b>Estimated Tax</b> ▶ _____ <b>Refunded</b> ▶ _____	

**A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN/DECLARATION:**

I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Signature of Individual or Firm Preparing Return

BOARD MEMBER  
\_\_\_\_\_  
Title Date

P00939610  
\_\_\_\_\_  
Employee ID or Social Security Number



2120601218

For tax years 2019 and later

HOW TO FIGURE YOUR UNDERPAYMENT (Complete Lines 1 through 5)					
CORPORATION NAME			ID NUMBER		
<b>NORTH GEORGIA COMMUNITY FOUNDATION,</b>			<b>58-1610318</b>		
1. Tax (from Form 600, Sch 1, Line 8)	1.		10,859		
2. Credits Used (from Form 600, Sch 3, Line 3 and Form 600, Sch 3, Line 5)	2.				
3. Balance Due (Line 1 less Line 2)	3.		10,859		
4. Enter 100% of the Immediately Preceding Year's Tax (return must be for a 12-month period)	4.		10,598		
5. Enter 70% of the Amount Shown on Line 3	5.		7,601		
DUE DATE OF INSTALLMENTS (Enter dates below)					
		04/15/21	06/15/21	09/15/21	12/15/21
6. Divide amount on Line 4 by the number of installments required for the year (See Instruction B), enter the results in appropriate columns	6.	2,650	2,649	2,650	2,649
7. Divide amount on Line 5 by the number of installments required for the year (see instruction B), enter the results in the appropriate column	7.	1,900	1,901	1,900	1,900
8. Enter the lesser of line 6 or line 7 for each period in the appropriate column	8.	1,900	1,901	1,900	1,900
9. Amounts paid on estimate for each period and tax withheld (withheld treated equally paid for each quarter)	9.	1,776	3,523	2,650	2,650
10. Overpayment of previous installment (see instruction E)	10.			1,498	2,248
11. Total of Line 9 and Line 10	11.	1,776	3,399	4,148	4,898
12. Underpayment (Line 8 less Line 11) or Overpayment (Line 11 less Line 8)	12.	124	-1,498	-2,248	-2,998
EXCEPTIONS WHICH AVOID THE PENALTY (See Instruction D)					
13. Total amount paid and withheld from January 1, through the installment date indicated (withheld treated equally paid for each quarter)	13.	1,776	5,299	7,949	10,599
14. Exception 1. —Tax on annualized current year income (See Instructions)	14.				Not Applicable
HOW TO FIGURE THE PENALTY (Complete Lines 15 through 19 for installments not avoided by an exception)					
15. Amount of underpayment (from Line 12)	15.	<b>SEE WORKSHEET</b>			
16. Date of payment or April 15, 20 <u>22</u> whichever is earlier (if S Corp use March 15) (See Instruction F)	16.				
17. Number of days from due date of installment to date shown on Line 16	17.				
18. Penalty (9 percent a year on amount shown on Line 15 for the number of days shown on Line 17)	18.				
19. Penalty (Add amounts on Line 18)	19.				<b>2</b>

Form <b>600 UET</b>	<b>Georgia Underpayment of Estimated Tax Worksheet</b>	<b>2021</b>
For calendar year 2021, or tax year beginning _____, and ending _____		

Name <b>NORTH GEORGIA COMMUNITY FOUNDATION,</b>	Employer Identification Number <b>58-1610318</b>
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	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Due date of estimated payment	<b>04-15-21</b>	<b>06-15-21</b>	<b>09-15-21</b>	<b>12-15-21</b>
Amount of underpayment	<b>124</b>			
	1st Pymt	2nd Pymt	3rd Pymt	4th Pymt
Date of payment		<b>06-15-21</b>	<b>09-15-21</b>	<b>12-15-21</b>
Amount of payment	<b>1,776</b>	<b>3,523</b>	<b>2,650</b>	<b>2,650</b>

QTR	FROM	TO	UNDERPAYMENT	DAYS	RATE	PENALTY
1	4-15-21	6-15-21	124	61	9.00	2
<b>TOTAL PENALTY</b>						<b>2</b>
						=====

Form **GA-600T****Georgia Estimated Tax Payments Worksheet****2021**

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name <b>NORTH GEORGIA COMMUNITY FOUNDATION, INC.</b>	Taxpayer Identification Number <b>58-1610318</b>
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1. Taxable income .....	1.	<u>188,847</u>
2. Tax .....	2.	<u>10,859</u>
3. Tax increase / decrease .....	3.	<u>          </u>
4. Net tax .....	4.	<u>10,859</u>
<b>Less:</b>		
5. Credits and Withholding .....	5.	<u>          </u>
6. Other withholding credits .....	6.	<u>          </u>
7. Rounding amount .....	7.	<u>1</u>
8. Balance .....	8.	<u>10,860</u>
<b>Less:</b>		
9. Current year overpayment applied to next year's estimates .....	9.	<u>          </u>
10. Next year's estimates already paid .....	10.	<u>2,700</u>
11. Total estimated tax payments .....	11.	<u><u>8,160</u></u>

**Summary of Estimated Payments**

Voucher Number	Due Date	Amount Due	Date Paid	Amount Paid
<u>1</u> .....	<u>04/18/22</u> .....	<u>0</u> .....	.....	.....
<u>2</u> .....	<u>06/15/22</u> .....	<u>2,730</u> .....	.....	.....
<u>3</u> .....	<u>09/15/22</u> .....	<u>2,715</u> .....	.....	.....
<u>4</u> .....	<u>12/15/22</u> .....	<u>2,715</u> .....	.....	.....